

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000004775

**Entity Name:** THE IMPACT MOVEMENT, INC.

**Current Principal Place of Business:**

618 E. SOUTH ST STE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

P.O. BOX 607803  
ORLANDO, FL 32860-7803

**FEI Number: 81-0596936**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCGEE, JAMES III  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title T  
Name HERSEY, GREGORY J  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title D  
Name FRITZ, THOMAS G  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title D  
Name TALBERT, DENNIS  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title D  
Name FREDERICKS, MARLA  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title D  
Name BARFIELD, ADRIAN  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title D  
Name DAVIS, CARLA  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title D  
Name DUFFIN, GEORGE  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GREGORY J HERSEY**

**CHIEF FINANCIAL  
OFFICER**

**04/13/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name TARPEH, TONYA  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title DIRECTOR  
Name BRIDGEWATER, KHARY  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title SECRETARY  
Name WALSTON, REBECCA  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803

Title DIRECTOR  
Name BRIDGEWATER, JENNIFER  
Address P.O. BOX 607803  
City-State-Zip: ORLANDO FL 32860-7803