

2018 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 GREEN, JAMIE
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

Continues on page 2

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: JAMIE GREEN

**CHIEF FINANCIAL
OFFICER**

04/26/2018

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