

2021 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000004775

FILED
May 25, 2021
Secretary of State
0513567828CR

Entity Name: THE IMPACT MOVEMENT, INC.

Current Principal Place of Business:

1201 PEACHTREE ST NE
BUILDING 400 STE 100
ATLANTA, GA 30361

Current Mailing Address:

PO BOX 162709
ATLANTA, GA 30321 US

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: RASI

05/25/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MCGEE, JAMES III
Address PO BOX 162709
City-State-Zip: ATLANTA GA 30321

Title D
Name FRITZ, THOMAS G
Address P.O. BOX 162709
City-State-Zip: ATLANTA GA 30321

Title D
Name FREDERICKS, MARLA
Address P.O. BOX 162709
City-State-Zip: ATLANTA GA 30321

Title D
Name DAVIS, CARLA
Address P.O. BOX 162709
City-State-Zip: ATLANTA GA 30321

Title D
Name DUFFIN, GEORGE
Address P.O. BOX 162709
City-State-Zip: ATLANTA GA 30321

Title D
Name TARPEH, TONYA
Address P.O. BOX 162709
City-State-Zip: ATLANTA GA 30321

Title SECRETARY
Name WALSTON, REBECCA
Address P.O. BOX 162709
City-State-Zip: ATLANTA GA 30321

Title DIRECTOR
Name BRIDGEWATER, KHARY
Address P.O. BOX 162709
City-State-Zip: ATLANTA GA 30321

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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: REBECCA WHEELER WALSTON

CORP. SECRETARY

05/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRIDGEWATER, JENNIFER
Address P.O. BOX 162709
City-State-Zip: ATLANTA GA 30321

Title DIRECTOR
Name FOWLER, JESSICA
Address PO BOX 162709
City-State-Zip: ATLANTA GA 30321

Title DIRECTOR
Name SACCOCCIO, ANDREA
Address PO BOX 607803
City-State-Zip: ORLANDO FL 32860

Title DIRECTOR
Name MCELRATH, MICHAEL
Address PO BOX 162709
City-State-Zip: ATLANTA GA 30321