## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000013030

Entity Name: IMPACT FOREVER INC.

**Current Principal Place of Business:** 

3453 E. ROBIN LN. GILBERT, AZ 85296

**FILED** Mar 21, 2024 **Secretary of State** 1286602424CC

## **Current Mailing Address:**

3453 E. ROBIN LN. GILBERT, AZ 85296 US

FEI Number: 85-4128000 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC 7901 4TH ST N **STE 300** ST. PETERSBURG, FL 33702 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	PRESIDENT, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	PLATANIA, JO ELLEN	Name	PETERSON, NOELLE
Address	7901 4TH ST N STE 300	Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702

Title **DIRECTOR** Title TREASURER, DIRECTOR

PLATANIA, JOSEPH Name Name BAKER, AMY Address 7901 4TH ST N STE 300 Address 7901 4TH ST N STE 300 ST. PETERSBURG FL 33702 City-State-Zip: City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR Title **DIRECTOR** 

Name HASKETT, KARRIE Name PELTON, NATHAN Address 7901 4TH ST N STE 300 Address 7901 4TH ST N STE 300 City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

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: JO ELLEN PLATANIA

**PRESIDENT** 

03/21/2024