2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90093 007 ****61.25

DOCUMENT # 753585

1. Entity Name
IMPACT FAMILY CHURCH, INC.

Principal Place of Business	Mailing Address
15 S.W. 3RD AVE P.O. BOX 903 HIGH SPRINGS FL 32643	~~15 S.W. 3RD AVE~~ P.O. BOX 903 HIGHG SPRINGS FL 32655 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16710 NW US 441	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2027325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, EDWIN E 15 SW 3RD AVE, POB 903 HIGH SPRINGS FL 32655	Name Street Address (P.O. Box Number is Not Acceptable) 16710 NW US 441 City High Springs **FL** Zip Code 32643

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ ~~Edwin~~ E. Anderson/ Pres - Dir. 4/2/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ANDERSON, ANGELA R 20031 NW CR 236 P O BOX 1837 HIGH SPRINGS FL 32655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MORGAN, MARK S 19706 NW 190TH AVE HIGH SPRINGS FL 32643	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Vice Pres. Mark S Morgan 21237 NW 166th Pl. High Springs, Fl 32643
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDERSON, EDWIN E REV 20031 NW CR 236 P O BOX 1837 HIGH SPRINGS FL 32655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, DOUGLAS L 10406 NW 265TH TERR P O BOX 1244 HIGH SPRINGS FL 32655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Director Daniel J. Cool 1120 N Main St. / PO Box 2037 High Springs, FL 3265 5
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angela R Anderson Sec-Treas/ Dir 4/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #