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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002496

1. Corporation Name
INNER CITY IMPACT, INC.

Principal Place of Business 1601 TAMARIND AVENUE WEST PALM BEACH FL 33407	Mailing Address 1601 TAMARIND AVENUE WEST PALM BEACH FL 33407
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2. Principal Place of Business 21 1100 Technology Place Suite, Apt. #, etc. 22 #110 City & State 23 West Palm Beach, FL Zip Country 24 33407 25 Palm Beach	2a. Mailing Address 26 P.O. Box 222592 Suite, Apt. #, etc. 27 City & State 28 West Palm Beach, FL Zip Country 29 33422-2592 30 Palm Beach	3. Date Incorporated or Qualified 04/28/1998	4. FEI Number 91-1901103 Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HOBBS, WILLIAM T 1629 16TH WAY WEST PALM BEACH FL 33407	10. Name and Address of New Registered Agent 81 Name William T. Hobbs 82 Street Address (P.O. Box Number is Not Acceptable) 5253 Fox Trace 83 West Palm Beach, FL 33417 84 City West Palm Beach FL 85 Zip Code 33417
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, WILLIAM T 1629 16TH WAY WEST PALM BEACH FL 33407 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5253 Fox Trace West Palm Beach, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, KERRY L 1629 16TH WAY WEST PALM BEACH FL 33407 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5253 Fox Trace West Palm Beach, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, WILLIAM H 10741 WHALE COREY BOYNTON BEACH FL 33436 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10741 Quail Covey Road Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANT, CARLTON 5938 ORCHARD WAY WEST PALM BEACH FL 33417 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCREEN, RON 10500 SEA HOLLY TERRACE BOYNTON BEACH FL 33436 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William T. Hobbs **2-1-99** (561) 844-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)