

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

05-12-2004 90207 009 \*\*\*\*61.25

**DOCUMENT # N99000003320**

1. Entity Name

IMPACT COMMUNITY SERVICES, INC.



Principal Place of Business

5631 NW 27TH CT  
LAUDERHILL FL 33313

Mailing Address

2101 W. ATLANTIC BLVD  
SUITE 111  
POMPANO BEACH FL 33069  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0942689

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

POMERANZ, MARK ESQ  
12955 BISCAYNE BLVD, SUITE #202  
NORTH MIAMI FL 33181

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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**  
**Due By May 1, 2004**

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 PD  
NAME LEVY, DUVAL ☐ Delete  
STREET ADDRESS 2101 W. ATLANTIC BLVD. #110  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV  
NAME SCHAUER, PAUL ☐ Delete  
STREET ADDRESS 5631 N.W. 27 COURT  
CITY-ST-ZIP LAUDERHILL FL 33313

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME BOYLE, CHARLES ☐ Delete  
STREET ADDRESS 1216 S. DIXIE HWY  
CITY-ST-ZIP LAKE WORTH FL 33461

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME COHEN, HERBERT ☐ Delete  
STREET ADDRESS 200 SE 6TH ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33316

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME LEVY, KIM ☐ Delete  
STREET ADDRESS 2101 W ATLANTIC BLVD #110  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04  
Date

954-868-8609  
Daytime Phone #