

753585

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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*NO Change  
There is  
10-15-09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IMPACT FAMILY CHURCH, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 753585

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rev. Edwin E. Anderson  
Name of Contact Person

Impact Family Church, Inc.  
Firm/Company

PO Box 903  
Address

High Springs, FL 32655-0903  
City/State and Zip Code

office@impactfamilychurch.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rev. Edwin E. Anderson at ( 386 ) 454-1563  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Impact Family Church, Inc.
2. The principal office address: 16710 NW US HWY 441  
High Springs, FL 32643
3. The mailing address (if different): PO Box 903  
High Springs, FL 32655-0903
4. Date of incorporation/qualification: August 1, 1980 Document number: 753585
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Edwin E. Anderson  
15 S.W. Third Avenue  
High Springs, FL 32643


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

(No change of Registered Agent)  
16710 NW US HWY 441  
P.O. Box NOT acceptable  
High Springs, FL 32643


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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 Edwin E. Anderson, President  
Signature of an officer or director Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 October 5, 2009  
Signature of Registered Agent Date

If signing on behalf of an entity:

(intentionally left blank)  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314