## 753585

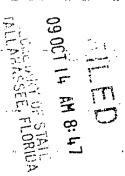
(Requ	uestor's Name)	
(Addr	ess)	···
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(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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20 Change Thereis 10-15-09

## **COVER LETTER**

Division of C			
SUBJECT:	IMPACT FAMILY (	CHURCH, INC.	
	Name of C	Corporation	·····
DOCUMENT NUM	BER:	753585	<del> </del>
The enclosed Stateme	nt of Change of Registered Offic	e/Agent and fee are submi	tted for filing.
Please return all corre	spondence concerning this matte	r to the following:	
	Rev. Edwin Name of Co	E. Anderson ntact Person	
_	Impact Famil	y Church, Inc.	
		ox 903 Iress	
_	High Springs, I City/State a	FL 32655-0903 nd Zip Code	
Ē.	office@impactfar mail address: (to be used for f	milychurch.com future annual report notif	ication)
For further information	on concerning this matter, please	call:	
	dwin E. Anderson	at ( 386 ) Area Code & Dayti	454-1563
	check made payable to the Depar		ше тегерионе мишое
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildin 2661 Executiv	ection orporations ng e Center Circle

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

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
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)
(No change of Registered Agent)
107 10 NW US HWY 441
P.O. Box NOT acceptable
High Springs, FL 32643
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.
Signature of an officer or director  Edwin E. Anderson, President 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.
Signature of Registered Agent October 5, 2009 Date
If signing on behalf of an entity:
(Intentionally left blank)  Typed or Printed Name

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