

2001 UNIFORM BUSINESS REPLY (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

04-26-2001 90145 048 ****61.25

DOCUMENT # N000000002989

1. Entity Name

IMPACT THE NATIONS MINISTRIES INTERNATIONAL INCO

CA

Principal Place of Business

109 LEON AVE.
 DELAND FL 32721

Mailing Address

P. O. BOX 3068
 DELAND FL 32721

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
 218 Eglin Parkway NE

Suite, Apt. #, etc.
 218 Eglin Parkway NE

City & State
 Fort Walton Beach, FL

City & State
 Fort Walton Beach, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
 32547

Country
 USA

Zip
 32547

Country
 USA

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

BRIERS-BAKKES, E.
 109 LEON AVE.
 DELAND FL 32721

Name
 Dr. David Malheiro

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

218 Eglin Parkway NE

City Ft Walton Beach FL Zip Code 32547

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.

SIGNATURE

Dr. David Malheiro

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

March 28 / 2001

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

March 28 2001 850-314 0700

CR2E037 (10/00)