

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

0089182

DOCUMENT # NO1000002043

1. Entity Name

IMPACT OF S.W. FLORIDA, INC.



04-30-2003 90165 021 ****61.25

Principal Place of Business

595 CALOOSA ESTATES DR.
LABELLE FL 33935

Mailing Address

595 CALOOSA ESTATES DR.
LABELLE FL 33935

2. Principal Place of Business

4565 Springview Circle
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2724
Suite, Apt. #, etc.

City & State

La Belle, FL

City & State

La Belle, FL

Zip

33935

Country

USA

Zip

33975

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPANG, HENRY
595 CALOOSA ESTATES DR.
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name

Same

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

Henry Spang

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

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

TITLE DP
NAME SPANG, HENRY
STREET ADDRESS 595 CALOOSA ESTATES DR.
CITY-ST-ZIP LABELLE FL 33935 ☒ Delete

TITLE D
NAME NOURSE, MARY LEE
STREET ADDRESS 595 CALOSSA ESTATES DRIVE
CITY-ST-ZIP LABELLE FL 33935 ☒ Delete

TITLE DVP
NAME NEVILLE, THOMAS W
STREET ADDRESS 595 CALOOSA ESTATES DR.
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

TITLE DS
NAME ROY, RUTH M
STREET ADDRESS 595 CALOSSA ESTATES DRIVE
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

TITLE DT
NAME ZORN, BURL A
STREET ADDRESS 595 CALOOSA ESTATES DR.
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President
NAME W. Harold Reecer
STREET ADDRESS 4565 Springview Circle
CITY-ST-ZIP La Belle, FL 33935 ☒ Change ☐ Addition

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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



W HAROLD REECER
4565 SPRINGVIEW CIR
LABELLE FL 33935-5607

DIRECTOR

W. Harold Reecer 4-28-03 863-675-0215

CR2E037 (10/02)