2002 UNIFORM BUSINESS REPORT (UBR) FILED Jan 16, 2002 8:00 am Secretary of State DOCUMENT # N0100006290 1. Entity Name IMPACT MINISTRIES OF BRANDON, INCORPORATED 01-16-2002 90044 042 ****61.25 Principal Place of Business Mailing Address 14229 N WOOTEN RD 14229 N WOOTEN RD DOVER FL 33527 DOVER FL 33527 905108 3. Mailing Address Principal Place of Business 001 3001 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For andor randor Country Country \$8.75 Additional 5. Certificate of Status Desired)S A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Dright err (P.O. Box Number is Not Accediable) **BOVIE, DEBBIE** 14229 N WOOTEN RD DOVER FL 33527 Dover 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 Signature, typed or print Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (9/01) TITLE □ Change Addition TITLE Delete Eilbert, John M NAME WRIGHT, JERRY N SR NAME 10807 Bruce haven Dr. STREET ADDRESS 14229 N WOOTEN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Riverview, FL 33569 DOVER FL 33527 DST ☐ Change Addition 1 TITLE ☐ Delete TITLE Jelazquez, Joseph Alexis BOVIE, DEBBIE NAME NAME 5813 Legacy Crescent PL. STREET ADDRESS 14239 N WOOTEN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 Change Addition TITI F TITLE ☐ Delete Wright, Jerry 2221 Village VELAZQUEZ, JOE A NAME NAME Apt# 103 STREET ADDRESS STREET ADDRESS 12905 ASTORWOOD PL CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 TIT: F Change □ Addition TITLE ☐ Delete HARRIS, RANDY NAME NAME STREET ADDRESS STREET ADDRESS 3522 YALE CIR CITY-ST-ZIP CITY-ST-ZIP **RIVERVIEW FL 33569** Change Addition TITLE TITLE ** NAME Bovie, Hal NAME STREET ADDRESS STREET ADDRESS 14239 N WOOTEN RD CITY-ST-ZIP CITY-ST-ZIP DOVER FL 33527 ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 add s, with all other like empowered

SIGNATURE: