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

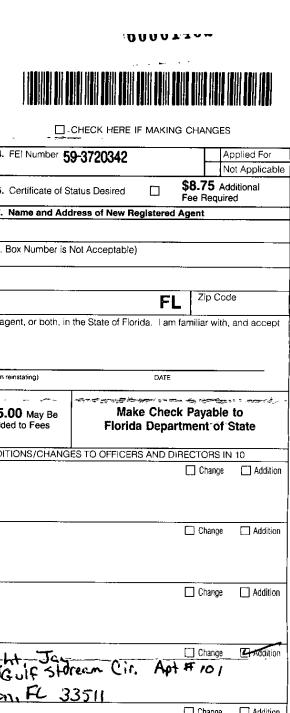
DOCUMENT # N0100006290

1. Entity Name

IMPACT MINISTRIES OF BRANDON, INCORPORATED



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90063 015 ****61.25



| Principal Place of Business 3001 S KINGS AVE BRANDON FL 33511 | | Mailing Address 3001 S KINGS AVE BRANDON FL 33511 | | | | ። ይፈህህህወ። | | | | |
|---|--|---|-------------------|---------------------|----------------|--|----------------------------|----------------|-----------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | ☐-CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & State | | | | 4. FEI Number 59-3720342 Applied For Not Applicable | | | | |
| Zip | Country Zip | | Cou | ıntry | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| - | 6. Name and Address of Current | Registered Agent | · | | | 7. Name and Add | ress of New Registered | Agent | | |
| • • | | | | Name | | | | | | |
| | SR, REV JERRY | | Street Address | | | (P.O. Box Number is Not Acceptable) | | | | |
| | WOOTEN RD | | Silicet Address (| | | i.o. Doving in the verghand) | | | | |
| DOVER F | FL 33527 | | | | | | | | | |
| | | | | City | | | FL | Zip (| Code | |
| 8. The above | e named entity submits this statement for | r the purpose of changing its | register | ed office o | r registere | d agent, or both, in | the State of Florida. I am | familiar w | ith, and accept | |
| the obligat | tions of registered agent. | | | | | - | | | | |
| | | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | | | | | | | | | |
| | - Signature, typed or printed harrie or registered agent s | and title if applicable. (NOI | E: Hegistere | d Agent signati | ure required w | vhen reinstating) | DATE | | | |
| FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Con | | | | inancing | | \$5.00 May Be Added to Fees | Make Chec Florida Depar | k Payab | ole to | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | | Δ.Γ | DDITIONS (CHANC) | ES TO OFFICERS AND DI | DECTOR | 0.10.40 | |
| TITLE | D | □ Delete | TITLE | | | DDITIONS/CHANGI | 53 TO OFFICERS AND DI | Chang | | |
| NAME | WRIGHT, JERRY N SR | LJ DOIGIG | NAM | | | | | [_] Chan | geAddition | |
| STREET ADDRESS | 14229 N WOOTEN RD | | | - Et address | | | | | | |
| CITY-ST-ZIP | DOVER FL 33527 | | CITY- | ·ST-ZIP | | | | | | |
| TITLE & | DST - | Delete | TITLE | | | · | | Chang | ge Addition | |
| NAME - | BOVIE, DEBBIE | | NAM | : | | | | | go | |
| STREET ADDRESS | 14239 N WOOTEN RD | | STRE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | DOVER FL 33527 | | CITY- | ST-ZIP | | | | | 1 | |
| TITLE | D | ☐ Delete | TITLE | *** | | | | ☐ Chang | ge 🔲 Addition | |
| NAME | VELAZQUEZ, JOE A | | . NAME | : | | | | _ ` | _ | |
| STREET ADDRESS | 12905 ASTORWOOD PL | | STREE | T ADDRESS | | | | | | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | | CITY- | ST-ZIP | | | | | _ | |
| TITLE | D D | Delete | TITLE | | D | 11 70- | | Chang | ge Addition | |
| NAME | HARRIS, RANDY | | NAME | | JUN' | 10 15 2 19 | ream Cir. Apt 3511 | # 10 | <i>i</i> | |
| STREET ADDRESS SITY-ST-ZIP | 3522 YALE CIR | | | T ADDRESS ST-ZIP | 1409 | 46-015 | | | | |
| | RIVERVIEW FL 33569 | | | | prond | Ion, HL 3. | 3511 | | | |
| TTLE | GILBERT, JOHN M | ☐ Delete | TITLE | | | | | Chang | ge 🔲 Addition | |
| NAME STREET ADDRESS | 10807 BRUCEHAVEN DR | | NAME | | | | | | ĺ | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | | | T ADDRESS | | | | | | |
| | D D | | | ST-ZIP | | | · | | | |
| TTLE IAME | VELAZQUEZ, JOSEPH A | ☐ Delete | TITLE | ļ | | | | ☐ Chang | ge 🗌 Addition | |
| IAME STREET ADDRESS | 5813 LEGACY CRESENT PL | | NAME | | | | | | i | |
| CITY-ST-ZIP | RIVERVIEW FL 33569 | | | T ADDRESS ST-ZIP | | | | | ĺ | |
| | THICHT I L 00000 | | UIT | U1-411 | | | | | | |

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

SIGNATURE: