

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009160

FILED
Jan 08, 2004
Secretary of State

Entity Name: IMPACT PROGRAMS OF FLORIDA INCORPORATED

Current Principal Place of Business:

7903 A LANDMARK CT
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

7903 A LANDMARK CT
TAMPA, FL 33615

New Mailing Address:

FEI Number: 57-1196139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARR, JOHN R
7903 A LANDMARK CT
TAMPA, FL 33615

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORD, FREDDIE J
Address: 11209 THICKET CT
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: BARR, JOHN R
Address: 7903 A LANDMARK CT
City-St-Zip: TAMPA, FL 33615

Title: PF () Delete
Name: BARR, BROOKE M
Address: 7903 A LANDMARK CT
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN R BARR

V

01/08/2004

Electronic Signature of Signing Officer or Director

Date