

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006116

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** IMPACT COMMUNITY ENRICHMENT PROGRAMS ,INC

**Current Principal Place of Business:**

1050 SW 85TH AVE.  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

9965 MIRAMAR PKWY  
SUITE 291  
MIRAMAR, FL 33025

**New Mailing Address:**

**FEI Number:** 41-2141852

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCNEIL, MICHAEL G  
1050 SW 85TH AVE  
PEMBROKE PINES, FL 33025 US

**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: VP ( ) Delete  
Name: MCNEIL, PATRICIA E  
Address: 1050 SW 85TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D ( ) Delete  
Name: CAMPBELL, HOWARD C  
Address: 18722 NW 23 CT  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete  
Name: THOMAS, KAREN  
Address: 3020 SW 68TH AVE  
City-St-Zip: MIRAMAR, FL 33023

Title: P ( ) Delete  
Name: MCNEIL, MICHAEL G  
Address: 1050 SW 85TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete  
Name: CHARMAINE, CAMPBELL  
Address: 17030 NW 10CT  
City-St-Zip: MIAMI, FL 33169

**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:

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 Chapter 119, 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: MG MCNEIL

P

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date