

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16489

(9)

1. Corporation Name

~~IMPACT NETWORK RESOURCE, INC.~~

FRIENDS OF SAMBURU TRIBE EVANGELICAL REBIRTH, INC. (F.O.S.T.E.)



Principal Place of Business

Mailing Address

C/O PHYLLIS KOCH
8285 SW 103RD STREET
MIAMI FL 33156

C/O PHYLLIS KOCH
8285 SW 103RD STREET
MIAMI FL 33156

3. Date Incorporated or Qualified
08/22/1986

3a. Date of Last Report
10/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2766632

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KOCH, PHYLLIS
8285 SW 103RD STREET
MIAMI FL 33156

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DE ☐ DELETE
NAME KOCH, PHYLLIS G.
STREET ADDRESS 8285 S.W. 103RD STREET
CITY-ST-ZIP MIAMI FL 33156

11 TITLE "UP" ☐ Change ☒ Addition
12 NAME Director
13 STREET ADDRESS SICILIANO, PAT
14 CITY-ST-ZIP UNITED TEACHERS OF DADE

TITLE DT ☐ DELETE
NAME RIWA, FR. FRANCIS L REV
STREET ADDRESS OLDONYIRO CATHOLIC MISSION
CITY-ST-ZIP NANYUKI, KENYA EAST AFRICA

21 TITLE 2929 S.W. Third Avenue ☐ Change ☐ Addition
22 NAME Miami, FL. 33129
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME ALCAZAR, SONIA M
STREET ADDRESS 592 SW 10TH STREET, APT 1
CITY-ST-ZIP MIAMI FL 33130

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE 800001746268 ☐ Change ☐ Addition
52 NAME -03/18/96--01024--016
53 STREET ADDRESS ***61.25
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-1996

3-15-96

Daytime Phone #

3251612-5055

CP2E037 (12/95)