

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19690 (9)

1. Corporation Name

IMPACT INTERNATIONAL MINISTRIES, INC.



Principal Place of Business

Mailing Address

2780 NW 15TH COURT
2790 NW 15TH COURTE
FT LAUDERDALE FL 333112780 NW 15TH COURT
2790 NW 15TH COURTE
FT LAUDERDALE FL 33311-5160
US3. Date Incorporated or Qualified
03/16/19873a. Date of Last Report
07/01/1996

2. Principal Place of Business

2a. Mailing Address

21 1201 NE 7th AVE

26 1201 NE 7th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0003084Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLARY, ROOSEVELT, JR.
2790 N.W. 15TH COURT
FT. LAUDERDALE FL 33311

81 Name

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

1201 NE 7th AVENUE

83

84 City

FT. LAUDERDALE, FL

85 Zip Code

33304

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	P	<input type="checkbox"/> DELETE
NAME	KEELS, ELGIE	
STREET ADDRESS	4820 NW 20TH ST	
CITY-ST-ZIP	LAUDERHILL FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	667 NW 89th AVENUE
1.4 CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	D	<input type="checkbox"/> DELETE
NAME	KEELS, LORIE	
STREET ADDRESS	4820 NW 20TH ST	
CITY-ST-ZIP	LAUDERHILL FL	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	667 NW 89th AVENUE
2.4 CITY-ST-ZIP	PLANTATION, FL 33324

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLARY, ROOSEVELT, JR.	
STREET ADDRESS	1610 NW 7TH TERRACE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	WHILBY, ELANINE	
STREET ADDRESS	5302 N W 22ND ST	
CITY-ST-ZIP	FT LAUDERDALE FL	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WHILBY, ELAINE
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOHNNY RAY	
STREET ADDRESS	2931 N W 158TH ST	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: Elaine Whilby, Treasurer Elaine Whilby 5/21/97 Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0034660

CR2E037 (9/96)