

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90011 048 ****70.00

DOCUMENT # N19690

1. Corporation Name

IMPACT INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

1201 N.E. 7TH AVE
FT LAUDERDALE FL 33304
US

Mailing Address

1201 N.E. 7TH AVE
FT LAUDERDALE FL 33304
US



2. Principal Place of Business

21 **1771 COVE LAKE RD.**

Suite, Apt. #, etc.

22

City & State

23 **N. LAUDERDALE, FL**

Zip

24 **33068**

Country

2a. Mailing Address

26 **1771 COVE LAKE RD.**

Suite, Apt. #, etc.

27

City & State

28 **N. LAUDERDALE, FL**

Zip

29 **33068**

Country

30

3. Date Incorporated or Qualified

03/16/1987

4. FEI Number

65-0003084

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCCORMACK, CYNTHIA
10707 NW 32ND PLACE
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name

McCormack, Cynthia

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

8001 NW 27TH COURT

83

84 City

SUNRISE

FL

85 Zip Code

33322

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

TITLE **P** ☐ DELETE

NAME **KEELS, ELGIE**
STREET ADDRESS **1201 NE 7TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** ☐ DELETE

NAME **KEELS, LORIE**
STREET ADDRESS **1201 NE 7TH AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **D** ☐ DELETE

NAME **MCCARY, ROOSEVELT, JR.**
STREET ADDRESS **1610 NW 7TH TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **T** ☒ DELETE

NAME **WHILBY-HAMMOND, ELAINE**
STREET ADDRESS **2841 SOMERSET DRIVE BLDG D #102**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **D** ☐ DELETE

NAME **LITTLE, JOHN**
STREET ADDRESS **3820 NW 7TH COURT**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **D** ☐ DELETE

NAME **THOMS, BERNARD**
STREET ADDRESS **4710 NW 19TH STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33313**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **KEELS, ELGIE**
1.3 STREET ADDRESS **1771 COVE LAKE RD**
1.4 CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **KEELS, LORIE**
2.3 STREET ADDRESS **1771 COVE LAKE RD**
2.4 CITY-ST-ZIP **N. LAUDERDALE, FL 33068**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/99 (954) 956-7290

Date

Daytime Phone #

CR2E037 (11/98)

0036421