

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 # N93000003276 (3)

1. Corporation Name

IMPACT RESOURCE SERVICE CENTER, INC.



Principal Place of Business

Mailing Address

3510 1ST AVE NORTH
STE 124
ST. PETERSBURG FL 33713
US

PO BOX 0117
ST. PETERSBURG FL 33731-0117
US

3. Date Incorporated or Qualified
07/21/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **3100 1st Ave. N**

26 **P. O. Box 117**

4. FEI Number
59-3196080

Applied For
☒ Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

City & State

City & State

23 **ST. Petersburg, FL**

28 **ST. Petersburg, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24 Zip **33713**

25 Country **USA**

29 Zip **33731**

30 Country **USA**

8. 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

ROBINSON, BESSIE
3510 1ST AVE NORTH
STE 124
ST. PETERSBURG FL 33713

81 Name **Evelyn V. Smith**

82 Street Address (P.O. Box Number is Not Acceptable)
3100 1st Avenue North

83 **ST. Petersburg**

84 City

FL

85 Zip Code

33731

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

Evelyn V. Smith
Signature, typed or printed name of registered agent, and title if applicable

Executive Director

(NOTE: Registered Agent signature required when reissuing)

4/23/96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **D ROBINSON, BESSIE**
STREET ADDRESS **3510 1ST AVE NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☒ DELETE
NAME **D SMITH, EVELYN V**
STREET ADDRESS **3510 1ST AVE NORTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **D BOOKER, BETTY**
STREET ADDRESS **3510 1ST AVE NORTH**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
NAME **D Chairman of the Board**
12 NAME **Cereatha Monroe**
13 STREET ADDRESS **3100 1st Avenue North**
14 CITY - ST - ZIP **ST. Petersburg, FL 33731**

21 TITLE ☐ Change ☒ Addition
NAME **D Vice President**
22 NAME **Louise Boykins**
23 STREET ADDRESS **3100 1st Avenue North**
24 CITY - ST - ZIP **ST. Petersburg, FL 33731**

31 TITLE ☐ Change ☒ Addition
NAME **D Treasurer**
32 NAME **Betty Banker**
33 STREET ADDRESS **3100 1st Avenue N.**
34 CITY - ST - ZIP **ST. Petersburg, FL 33731**

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

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 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:

Cereatha K. Monroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96
Date

Daytime Phone #

Bank deposit \$ 70.00

CR2E037 (12/95)