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Jun 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N93000003276 (3)

1. Corporation Name

EMPACT RESOURCE SERVICE CENTER, INC.



Principal Place of Business

Mailing Address

3510 1ST AVE NORTH  
ST. PETERSBURG FL 33713  
US

PO BOX 0117  
ST. PETERSBURG FL 33731-0117  
US

2. Principal Place of Business

2a. Mailing Address

21 3100 1st Avenue North

26 P O Box 117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Petersburg, Fla

28 St. Petersburg, Fla

Zip Country

Zip Country

24 33713

25 USA

29 33731

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, EVELYN  
P.O. BOX 117  
ST. PETERSBURG FL 33731

81 Name Jean M. DAVIES

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

3100 1st Avenue South

83 St. Petersburg

84 City

FL 85 Zip Code 33713

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 Y Jean M. Davies

Executive Director

April 24, 1996

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 D ☐ DELETE

NAME MONROE, CEREATHA  
STREET ADDRESS 3100 1ST AVE N.  
CITY-ST-ZIP ST. PETERSBURG FL 33731

TITLE VPD ☐ DELETE

NAME BOYKINS, LOUISE  
STREET ADDRESS 3100 1ST AVE N.  
CITY-ST-ZIP ST. PETERSBURG FL 33731

TITLE DT ☐ DELETE

NAME BOOKER, BETTY  
STREET ADDRESS 3100 1ST AVE N.  
CITY-ST-ZIP ST. PETERSBURG FL 33731

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 SIGNATURE

CR2E037 (9/96)