

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 # N93000005227 (4)

1. Corporation Name

I.M.P.A.C.T. INSTITUTE, INC.



Principal Place of Business

Mailing Address

4200 NW 16TH ST
STE 303
LAUDERHILL FL 33313
US

4200 NW 16TH ST
STE 303
LAUDERHILL FL 33313
US

3. Date Incorporated or Qualified
11/19/1993

3a. Date of Last Report
07/20/1995

2. Principal Place of Business

2a. Mailing Address

21 2701 West Oakland Pk. Blvd

26 2701 West Oakland Pk. Blvd

4. FEI Number
65-0449563

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 412

27 412

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

City & State

23 Oakland Park, Florida

28 Oakland Park, Florida

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

24 33311

25 USA

29 33311

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, ROSEMARIE
5508 WHITE OAK CIRCLE
TAMARAC FL 33319

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 P / D ☐ DELETE

NAME PHILLIPS, ROSEMARIE
STREET ADDRESS 5508 WHITE OAK CIRCLE
CITY-ST-ZIP TAMARAC FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME PHILLIPS, ROSEMARIE
STREET ADDRESS 5508 WHITE OAK CIRCLE
CITY-ST-ZIP TAMARAC FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Limerick, Irose ☒ D
5508 White Oak Circle
Tamarac, FL 33319

☐ Change ☒ Addition

TITLE STD ☐ DELETE

NAME PHILLIPS, ROSEMARIE
STREET ADDRESS 5508 WHITE OAK CIRCLE
CITY-ST-ZIP TAMARAC FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

McMaster, Norman ☒ D
5508 White Oak Circle
Tamarac, FL 33319

☐ Change ☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

300001924793
-08/16/96--01066--033
***61.25

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:

Rosemarie Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 1, 1996

Date

954-484-2924

Daytime Phone #

CR2E037 (12/95)