

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002940 (4)

1. Corporation Name

YOUTH IMPACT MINISTRIES, INC.



Principal Place of Business

6767 SUNSET DR.
#202
MIAMI FL 33143

Mailing Address

6767 SUNSET DR.
#202
MIAMI FL 33143

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
07/28/1995

2. Principal Place of Business

2a. Mailing Address

21 160 Harbor Dr.

26 160 Harbor Dr.

4. FEI Number
65-0534977

Applied For
☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 Key Biscayne FL

28 Key Biscayne FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33149

25 D.S.A.

29 33149

30 U.S.A.

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

PODHAISER, IRWIN
6767 SUNSET DR.
#202
MIAMI FL 33143

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 D
NAME PODHAISER, IRWIN
STREET ADDRESS 6767 SUNSET DR.
CITY - ST - ZIP MIAMI FL 33143 ☒ DELETE

1.1 TITLE Director of Ministries
1.2 NAME Irwin Podhaiser
1.3 STREET ADDRESS 160 Harbor Dr.
1.4 CITY - ST - ZIP Key Biscayne FL 33149 ☒ Change ☐ Addition

TITLE D
NAME KILBY, TIM
STREET ADDRESS 6767 SUNSET DR.
CITY - ST - ZIP MIAMI FL 33143 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME RAMKISSOON, OSBOURNE
STREET ADDRESS 6767 SUNSET DR.
CITY - ST - ZIP MIAMI FL 33143 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007487

CR2E037 (3/96)