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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000035 (3)

1. Corporation Name

IMPACT MINISTRIES, INC.



Principal Place of Business 178 ROMAN RD. DEFUNIAK SPRINGS FL 32433	Mailing Address 178 ROMAN RD. DEFUNIAK SPRINGS FL 32433
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3. Date incorporated or Qualified 12/26/1995	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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2. Principal Place of Business 21. IMPACT MINISTRIES Suite, Apt. #, etc. 22. Rt. 2 Box 344 Hwy. 81 N. City & State 23. Ponce de Leon, Florida Zip 24. 32455	2a. Mailing Address 26. IMPACT MINISTRIES Suite, Apt. #, etc. 27. Rt. 2 Box 344 Hwy. 81 N. City & State 28. Ponce de Leon, Florida Zip 29. 32455	Country 25. USA 30. USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent ANTHONY, EDWARD L 178 ROMAN RD. DEFUNIAK SPRINGS FL 32433
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10. Name and Address of New Registered Agent 81. Name ANTHONY, EDWARD L. 82. Street Address (P.O. Box Number is Not Acceptable) Rt. 2 Box 344 Hwy. 81 North 83. City Ponce de Leon, FL 84. Zip Code 32455

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: Anthony, Edward L. DATE: Jan. 6, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ANTHONY, EDWARD L
STREET ADDRESS	178 ROMAN RD.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	TD
NAME	ANTHONY, MARIE E
STREET ADDRESS	178 ROMAN RD.
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	D
NAME	DANIELS, DEBORAH M.
STREET ADDRESS	3111 W CERVANTEZ ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	Anthony, Edward L.
1.3 STREET ADDRESS	Rt. 2 Box 344 Hwy. 81 N.
1.4 CITY-ST-ZIP	Ponce de Leon, FL, 32455
2.1 TITLE	TD
2.2 NAME	Anthony, Marie E.
2.3 STREET ADDRESS	Rt. 2 Box 344 Hwy. 81 N.
2.4 CITY-ST-ZIP	Ponce de Leon, FL, 32455
3.1 TITLE	PD
3.2 NAME	Prxon, Chris
3.3 STREET ADDRESS	450 Ronge Dr.
3.4 CITY-ST-ZIP	Tusculumbia, Ala. 35674
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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.

SIGNATURE: Edward L. Anthony DATE: 1/6/98 (850) 836-8804
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (10/97)