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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000035

1. Corporation Name

IMPACT MINISTRIES, INC.

Principal Place of Business

IMPACT MINISTRIES
RT 2 BOX 344 HWY 81 N
PONCE DE LEON FL 32455
US

Mailing Address

IMPACT MINISTRIES
RT 2 BOX 344 HWY 81 N
PONCE DE LEON FL 32455
US



2. Principal Place of Business

21 Impact Ministries

22 2809 SAMSON Hwy.

23 PONCE DE LEON, FL.

24 32455 **25 US**

2a. Mailing Address

26 Impact Ministries

27 2809 SAMSON Hwy.

28 PONCE DE LEON, FL.

29 32455 **30 US**

3. Date Incorporated or Qualified

12/26/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ANTHONY, EDWARD L
RT 2 BOX 344 HWY 81 N
PONCE DE LEON FL 32455

10. Name and Address of New Registered Agent

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 Edward L. Anthony **EDWARD L. ANTHONY PD**

Feb. 16, 1999

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ANTHONY, EDWARD L**
CITY-ST-ZIP **RT 2 BOX 344 HWY 81 N**
PONCE DE LEON FL 32455

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **ANTHONY, MARIE E**
CITY-ST-ZIP **RT 2 BOX 344 HWY 81 N**
PONCE DE LEON FL 32455

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **PRYON, CHRIS**
CITY-ST-ZIP **450 RENEE DR**
TUSCUMBIA AL 35674

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

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 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, with all other like empowered.

SIGNATURE: Edward L. Anthony **EDWARD L. ANTHONY** 2/16/99 (850) 836-4046

(NOTE: Registered Agent signature required when reinstating)

Date Daytime Phone #

CR2E037 (11/98)