

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000035

1. Entity Name

IMPACT MINISTRIES, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90036 026 ****70.00

Principal Place of Business

Mailing Address

IMPACT MINISTRIES
2809 SAMSON HWY.
PONCE DE LEON FL 32455
US

IMPACT MINISTRIES
2809 SAMSON HWY.
PONCE DE LEON FL 32455-6323
US

C0036175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name: ANTHONY, EDWARD L.
Street Address (P.O. Box Number is Not Acceptable)

2809 NORTH HWY. #81

City: PONCE DE LEON

FL

Zip Code: 32455

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

EDWARD L. ANTHONY (PD)
Edward L. Anthony

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: PD ☒ Change ☐ Addition
NAME: ANTHONY, EDWARD L.
STREET ADDRESS: 2809 NORTH HWY. #81
CITY-ST-ZIP: PONCE DE LEON, FL 32455

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

TITLE: TD ☒ Change ☐ Addition
NAME: ANTHONY, MARIE E.
STREET ADDRESS: 2809 NORTH HWY. #81
CITY-ST-ZIP: PONCE DE LEON, FL 32455

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

EDWARD L. ANTHONY (PD)
Edward L. Anthony

3/7/2000

Date

Daytime Phone #

(850) 836-4046

CR2E037 (9/99)