

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N960000000035

1. Entity Name

IMPACT MINISTRIES, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

8611 RYAN AVE.
Suite, Apt. #, etc.

3. Mailing Address

8611 RYAN AVE.
Suite, Apt. #, etc.

City & State

PENSACOLA, FL.

City & State

PENSACOLA, FL.

Zip

32534

Country

USA

Zip

32534

Country

USA

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

ANTHONY, EDWARD L
2809 N HWY #81
PONCE DE LEON FL 32455

7. Name and Address of New Registered Agent

Name EDWARD L. ANTHONY

Street Address (P.O. Box Number is Not Acceptable)

8611 RYAN AVE.

City PENSACOLA

FL

Zip Code

32534

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MAY 3, 2001

DATE

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ANTHONY, EDWARD L	
STREET ADDRESS	2809 N HWY #81	
CITY-ST-ZIP	PONCE DE LEON FL 32455	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANTHONY, MARIE E	
STREET ADDRESS	2809 N HWY. #81	
CITY-ST-ZIP	PONCE DE LEON FL 32455	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PRYON, CHRIS	
STREET ADDRESS	450 RENEE DR	
CITY-ST-ZIP	TUSCUMBIA AL 35674	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD L. ANTHONY	
STREET ADDRESS	8611 RYAN AVE. PEN. FL. 32534	
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIE E. ANTHONY	
STREET ADDRESS	8611 RYAN AVE PENSACOLA, FL. 32534	
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRAH M. HADDING	
STREET ADDRESS	5900 W. JACKSON ST. 32506 32506	
CITY-ST-ZIP	PENSACOLA, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT HADDING	
STREET ADDRESS	5900 W. JACKSON ST. PEN. FL. 32506	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 / EDWARD L. ANTHONY 03/05/01 (850) 475-7020

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90014 013 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)