

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000000035

1. Entity Name

IMPACT MINISTRIES, INC.

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90060 006 \*\*\*\*70.00

0063633

Principal Place of Business

8611 RYAN AVENUE  
PENSACOLA FL 32534  
US

Mailing Address

8611 RYAN AVENUE  
PENSACOLA FL 32534  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; 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  
8611 RYAN AVENUE  
PENSACOLA FL 32534

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPPD  
ANTHONY, EDWARD L  
8611 RYAN AVENUE  
PENSACOLA FL 32534☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTD  
ANTHONY, MARIE E  
8611 RYAN AVENUE  
PENSACOLA FL 32534☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPVD  
HADDING, DEBRAH M  
5900 W JACKSON ST  
PENSACOLA FL 32506☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPMD  
HADDING, ROBERT  
5900 W JACKSON ST  
PENSACOLA FL 32506☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/17/02

(850) 475-7020

CR2E037 (9/01)