

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 29 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N96000000035**

1. Corporation Name

**IMPACT MINISTRIES, INC.**

Principal Place of Business

8611 RYAN AVENUE  
PENSACOLA FL 32534  
US

Mailing Address

8611 RYAN AVENUE  
PENSACOLA FL 32534  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/26/1995

5. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ANTHONY, EDWARD L	8611 RYAN AVENUE	PENSACOLA FL 32534
TD	ANTHONY, MARIE E	8611 RYAN AVENUE	PENSACOLA FL 32534
VD	HADDING, DEBRAH M	5900 W JACKSON ST	PENSACOLA FL 32506
MD	HADDING, ROBERT	5900 W JACKSON ST	PENSACOLA FL 32506

100024249181  
10/29/03--01033--003 \*\*236.25

8. Name and Address of Current Registered Agent

ANTHONY, EDWARD L  
8611 RYAN AVENUE  
PENSACOLA FL 32534

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Edward L. Anthony (Registered Agent)*  
REGISTERED AGENT MUST SIGN

Date

Oct. 27, 2003

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

*Edward L. Anthony (PD)*

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 27, 2003

Date

(850) 475-7020

Daytime Phone #

CR2E040 (7/03)