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NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N9600002947 (7)

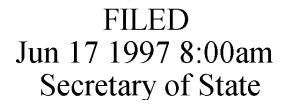
IMPACT MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

251 SW 145 STREET

251 SW 145 STREET





OCALA FL 34473			O	OCALA FL 34473-8630									
								3. Date Incorporated or 0 05/31/1996	Qualified 3a. C	ate of L	ast Re	port	
2. Principal P	lace of Busi	ness	2a.	. Mailing Address				4. FEI Number			App	lied For	
21 14480 S Hwy. 301				26 P.O. Box 1082				59-3389	1420		Not	Applicable	
Sulte, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status De	ate of Status Desired				
City & State	θ			City & State				6. Election Campaign Fin	ancing	\$5	.00	May Be	
	rfiel	d, Fl.	28				Trust Fund Contributio			ded to			
Zip 24 34491		Country Marion	29	^{Zip} 4492	30	Country Mar	ion	This corporation has lift Florida Statutes	ability for intangible		der s.	199.032,	
24	9. Name	and Address of Curr		stered Agent	[30]			10. Name and Address o					
		· · · · · · · · · · · · · · · · · · ·	-			81	Name						
LEE, JA	MES L					82	Ctroot A	idress (P.O. Box Number is Not	A a a anta bla				
251 SW 145 STREET				62 Street			SHOOLAG	dress (P.O. Box Number is Not	Acceptable)				
	FL 34473					83						,	
-						В4	City			85	Zip C	odo	
							,		FL	_ 1 1			
office or re agent. I a	to the provis egistered ag m f <mark>am</mark> iliar w	sions of Sections 617.0 gent, or both, in the Sta ith, and accept the obl	502 and 6 ite of Florid ligations of	617.1508, Florida Stat da. Such change wa f, Section 617.0503,	tutes, th s author Florida	e abov rized b Statule	e-named corpo s.	orporation submits this statemen ration's board of directors. I here	It for the purpose of by accept the ap	of chang pointme	jing its nt as r	registered egistered	
SIGNATURE .	Signature, typed	d or printed name of registered	agent and litle	if applicable (N	OTE: Regi	stered Ag	ent signature re	quired when re-instating)	DATE				
12.		OFFICERS A				13.		ADDITIONS/CHANGES	TO OFFICERS AN	D DIREC	CTORS	IN 12	
TITLE	D			DELETE	1	I.1 TITLE		<u> </u>		☐ Ch	ange	☐ Addition	
NAME	LEE, JA				1	.2 NAME							
STREET ADDRESS		V 145 STREET			1	I.3 STREE	T ADDRESS						
CITY-ST-ZIP		FL 34473			1	1.4 CITY-1	ST-ZIP						
TITLE	D			☐ DELETE	2	2 1 TATLE				Chi	ange	Addition	
NAME		HARON L			7	2 NAME							
STREET ADDRESS		V 145 STREET			2	3 STREE	T ADDRESS						
CITY-ST-ZIP		FL 34473		I DOLLETE	_	2. 4 CITY-	ST-ZIP			110		1 1 1 1 1 1 1	
TITLE	D Lee M	ICHAEL D		☐ DELETE	1	31 TITLE				☐ Ch	ange	Addition	
NAME		OX 249AA			1	3.2 NAME							
STREET ADDRESS		MILLS NC 28348			1 1		T ADDRESS						
CITY-ST-ZIP TITLE	HUFE	millo NO 20070		DELETE		3.4. CITY- 1.1 TITLE	51-ZIP	· · · · · · · · · · · · · · · · · · ·		Ch	ange	Addition	
NAME				- DESC. 1		I. 2 NAME					- · · · · ·		
STREET ADDRESS							T ADDRESS						
CITY-ST-ZIP					-	1.4 CITY-S							
TITLE				☐ DELETE		1.4 OTLE	51 ° £11			☐ Ch	ange	☐ Addition	
NAME				. –	•	.2 NAME					·		
STREET ADDRESS							T ADDRESS						
CITY-ST-ZIP						.4 CITY-1							
TITLE				☐ DELETE		3.1 TITLE	-			☐ Ch	ange	Addition	
NAME					6	.2 NAME							
STREET ADDRESS					е	3.3 STREE	T ADDRESS						
CITY-ST-ZIP					6	5.4 CITY - 5	ST-ZIP						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption slated 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 br Block 13 if changed, or on an attachment with an address.