

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90005 045 ****61.25

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DOCUMENT # N96000002947

Corporation Name

IMPACT MINISTRIES INTERNATIONAL, INC.

Principal Place of Business

4480 S. HWY. 301
SUMMERFIELD FL 34491
US

Mailing Address

P.O. BOX 1082
SUMMERFIELD FL 34492
US

613447-90005-45



Principal Place of Business 10140 W. Deepwoods Dr.		2a. Mailing Address P.O. Box 1174		3. Date Incorporated or Qualified 05/31/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3389420	
City & State Crystal River, Fla.		City & State Crystal River, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34428		Zip 34423		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country Citrus		Country Citrus		9. Name and Address of Current Registered Agent	
LEE, JAMES L 251 SW 145 STREET OCALA FL 34473		81 Name James L. Lee		10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable) 10140 W. Deepwoods Dr.			
		83			
		84 City Crystal River		85 Zip Code 34428	

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE James L. Lee Signature, typed or printed name of registered agent and title if applicable.		DATE 9-3-99	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME LEE, JAMES L	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 251 SW 145 STREET		1.2 NAME	
3. CITY-ST-ZIP OCALA FL 34473		1.3 STREET ADDRESS 10140 W. Deepwoods Dr.	
4. NAME LEE, SHARON L	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP Crystal River, FL. 34428	
5. STREET ADDRESS 251 SW 145 STREET		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. CITY-ST-ZIP OCALA FL 34473		2.2 NAME	
7. NAME LEE, MICHAEL D	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 10140 W. Deepwoods Dr.	
8. STREET ADDRESS RT 1 BOX 249AA		2.4 CITY-ST-ZIP Crystal River, FL. 34428	
9. CITY-ST-ZIP HOPE MILLS NC 28348		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James L. Lee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **9-3-99**
Daytime Phone #: **(352) 583-5386**

CR2E037 (11/98)