

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N96000006042 (3)**
1. Corporation Name

IMPACT FAMILY PROGRAMS, INC.

Principal Place of Business 6273 DUPONT STATION COURT JACKSONVILLE FL 32217-2513	Mailing Address 6273 DUPONT STATION COURT JACKSONVILLE FL 32217-2513
--	--

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number

59-3393099

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?



8. This corporation owes or has paid the current year tangible
Personal Property Tax due June 30.



9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEVENS, JOHN P
6273 DUPONT STATION COURT
JACKSONVILLE FL 32217-2513**

81 Name

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

83

84 City

FL

85 Zip Code

11. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, CUTRIS E	
STREET ADDRESS	12292 HOLSTEIN DR	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUMGARDNER, BOB R	
STREET ADDRESS	4035 RIVERVALLEY RD S.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	STEVENS, JOHN P	
STREET ADDRESS	6273 DUPONT STATION CT.	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	ED	<input type="checkbox"/> DELETE
NAME	CLARKSON, JEFFREY	
STREET ADDRESS	3745 TIMUCUA TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	

14. 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.

SIGNATURE:

John P. Stevens **John P. Stevens** Secretary

904-731-1375

4/10/98

CR2E037 (10/97)