

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000006042****1. Entity Name**
IMPACT FAMILY PROGRAMS, INC.

Principal Place of Business 6273 DUPONT STATION COURT JACKSONVILLE FL 322172513	Mailing Address 6273 DUPONT STATION COURT JACKSONVILLE FL 322172513
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2. Principal Place of Business 8382 BAYMEADOWS ROAD	3. Mailing Address 8382 BAYMEADOWS ROAD
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Suite, Apt. #, etc. SUITE 2	Suite, Apt. #, etc. SUITE 2
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32256	Country	Zip 32256	Country
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4. FEI Number 59-3393099	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STEVENS JOHN P 6273 DUPONT STATION COURT JACKSONVILLE FL 322172513	7. Name and Address of New Registered Agent Name STEVENS JOHN P Street Address (P.O. Box Number is Not Acceptable) 8382 BAYMEADOWS ROAD SUITE 2 City JACKSONVILLE FL Zip Code 32256
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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 JOHN P. STEVENS****04/20/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: JOHN P. STEVENS****S****04/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Taxing Person's

CR2E037 (11/00)