2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Nov 08, 2005
Secretary of State

DOCUMENT# N96000006042

Entity Name: IMPACT FAMILY PROGRAMS, INC.

Current Principal Place of Business:

8382 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8382 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3393099 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, JOHN P
8382 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CLARKSON, JEFFREY	
Address:	3745 TIMUCUA TRAIL	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	VD	( ) Delete
Name:	MILLWOOD, JACK	
Address:	695 A1A NORTH #143	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	TD	( ) Delete
Name:	CLARKSON, JOHN S	
Address:	13834 LONGS LANDING ROAD E.	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	S	( ) Delete
Name:	STEVENS, JOHN P	
Address:	8382 BAYMEADOWS ROAD, SUITE 2	
City-St-Zip:	JACKSONVILLE, FL 32256	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	CLARKSON, JOHN S	
Address:	600 ST JOHNS BLUFF ROAD N	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. STEVENS S 11/08/2005

Electronic Signature of Signing Officer or Director — Date