

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006042

FILED
Mar 31, 2007
Secretary of State

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:

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: 600 ST JOHNS BLUFF ROAD N
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: JEFFREY CLARKSON

PD

03/31/2007

Electronic Signature of Signing Officer or Director

Date