

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90062 002 *****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000006042

1. Entity Name
IMPACT FAMILY PROGRAMS, INC.



Principal Place of Business
8382 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE, FL 32256

Mailing Address
8382 BAYMEADOWS ROAD
SUITE 2
JACKSONVILLE, FL 32256

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3393099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CLARKSON, JEFFREY
STREET ADDRESS 3745 TIMUCUA TRAIL
CITY-STATE-ZIP JACKSONVILLE, FL 32277

TITLE VD ☐ Delete
NAME MILLWOOD, JACK
STREET ADDRESS 695 A1A NORTH #143
CITY-STATE-ZIP PONTE VEDRA BEACH, FL 32082

TITLE TD ☐ Delete
NAME CLARKSON, JOHN S
STREET ADDRESS 13834 LONGS LANDING ROAD E.
CITY-STATE-ZIP JACKSONVILLE, FL 32225

TITLE S ☐ Delete
NAME STEVENS, JOHN P
STREET ADDRESS 8382 BAYMEADOWS ROAD, SUITE 2
CITY-STATE-ZIP JACKSONVILLE, FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/03

904-448-9791

Date

Daytime Phone #

CR2E037 (10/02)