NONPROFIT . CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

98 OCT 26 PM 2: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED

DOCUMENT # N9700000 3364

IMPACT COMMUNITY Development Corp.

Principal Place of	of Business	Mailing Address		0
1201 NET TO AVE 1201 NE TITH AVE 3. FT Lauderdale, FC 33304 FT Lauderdale, FC 33304 FT Lauderdale, FC 33304				3. Date Incorporated or Qualified
Et Lauderdale, FC 33384 FT. Lauderdale, PC				6/9/1997
83304				4. FEI Number Applied For
ļ				65 - 076033.4 Not Applicable
Principal Place of Business     2a. Mailing Address				5. Certificate of Status Desired \$8.75 Additional
21 26				Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22		27	* *	Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23	Country	28	Country	
Zip	Country	<u> </u>	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes XNo
24	9. Name and Address of Current	29 Registered Agent	1301	10. Name and Address of New Registered Agent
81 Name 12-21-3 11 -31-5				
1	Robin Hunley		22	KOBIN HUNCEY
	_ 1/ /-		82 Street	Address (P.O. Box Number is you Acceptable)
	1201 NE 7th AU		83	F 1 A . O . 20 A A ! /=
	Ft. Lauderdale/	12 33304		FT. LAWDERDALE
ĺ	,		84 City	FL   533304
11. Pursuant to the previous 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 State was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent.				
1 .	ramiliar with, and accept the stingar	TOTA OL SECTION 617.0303, FIL	origa Statutes.	7/28/98
SIGNATURE	mature, it pod or printed name of registered agen		E. Registered Agent signature	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE			1.1 TITLE	<b>⊅</b> Change ☐ Addition
NAME			1,2 NAME	ELGIE KEELS, SR
STREET ADDRESS .			1.3 STREET ADDRESS	1201 NE 7 th AUE Ft. Lauderdale, FL 33364  D Grange G Addition
CITY-ST-ZIP			1.4 CITY - ST - ZIP	FF. Lauderdale, FL 33364
TITLE			2,1 TITLE	<del></del>
NAME			2.2 NAME	Edward Jones 2307 NW 7th Ct
STREET ADDRESS			2.3 STREET ADDRESS	2307 NW 7th Cf
CITY-ST-ZIP	*	-	2. 4 CITY-SJ-ZIP	Ft. Lauderdale, FL 33311
TITLE			3,1 TITLE .	1 13
NAME			3.2 NAME	John Little 3820 NW 7+h CT
STREET ADDRESS			3.3 STREET ADDRESS	3820 NW 7th CI FT. Lauderdale, FL 33311 Change Addition
CITY-ST-ZIP		The contract	3.4. CITY-ST-ZIP	Change Addition
TITLE	•	☐ DELETE	4,1 TITLE	
NAME			4. 2 NAME	6000026746960   -10/28/9801075019
STREET ADDRESS			4.3 STREET ADDRESS	-10/28/3801075019 *****70.00 ******70.00
CITY - ST - ZIP	·=	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	************************************
TITLE			5.1 IIILE 5.2 NAME	C 1
NAME				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS	<i>f</i> .		5 3 STREET ADDRESS	W 1,01 a
CITY-ST-ZIP		☐ DELETE	5 4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE			6.2 NAME	_ change _ nation
NAME			6.2 NAME 6.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP	ify that the information supplied with	n this filing does not qualify to	6.4 CITY-ST-ZIP or the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information
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 indicated on this annual report is 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 indicated on this annual report is supplemental annual report is supplemental.				
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 affachment with an address.				

SIGNATURE: