

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90011 050 ****70.00

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1. Corporation Name

IMPACT COMMUNITY DEVELOPMENT CORPORATION

Principal Place of Business

1201 N.E. 7TH AVE.
FT. LAUDERDALE FL 33304

Mailing Address

1201 N.E. 7TH AVE.
FT. LAUDERDALE FL 33304



2. Principal Place of Business

21 1771 COVE LAKE ROAD

2a. Mailing Address

26 1771 COVE LAKE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 N. LAUDERDALE, FL

27 City & State

28 N. LAUDERDALE, FL

24 Zip Country

33068

29 Zip Country

33068

30

3. Date Incorporated or Qualified

06/09/1997

4. FEI Number

65-0760334

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HUNLEY, ROBIN
1201 N.E. 7TH AVE.
FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

ROBIN HUNLEY

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

1130 NW 19TH STREET

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33311

11. Pursuant to the provisions 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. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KEELS, ELGIE SR
STREET ADDRESS 1201 N.E. 7TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

☐ DELETE

TITLE D
NAME JONES, EDWARD
STREET ADDRESS 2307 NW 7TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ DELETE

TITLE D
NAME LITTLE, JOHN
STREET ADDRESS 3820 NW 7TH CT
CITY-ST-ZIP FT LAUDERDALE FL 33311

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME KEELS, ELGIE
1.3 STREET ADDRESS 1771 COVE LAKE RD
1.4 CITY-ST-ZIP N. LAUDERDALE, FL 33068

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
RESIDENT

2/16/99 (954) 956-7290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)