

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003857

1. Entity Name

IMPACT WORLD MISSIONS, INC.

Principal Place of Business

12940 FRINGETREE DR W
JACKSONVILLE FL 32246

Mailing Address

ERICKSON WORLD OUTREACH, INC.
12940 FRINGETREE DR. W
JACKSONVILLE FL 32246

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ERICKSON, DUANE A
12940 FRINGETREE DR W
JACKSONVILLE FL 32246

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ERICKSON, DUANE
STREET ADDRESS 12940 FRINGETREE LN
CITY-ST-ZIP JAX FL 32246

TITLE ST ☐ Delete
NAME ERICKSON, MELONIE
STREET ADDRESS 12940 FRINGETREE LN
CITY-ST-ZIP JAX FL 32246

TITLE T ☐ Delete
NAME ZUPCIL, POLLY
STREET ADDRESS P O BOX 1210
CITY-ST-ZIP LEVITTOWN PA 19058

TITLE T ☐ Delete
NAME CURTIS, ANGEL
STREET ADDRESS 1700 S. ASPEN
CITY-ST-ZIP BROKEN ARROW OK 74012

TITLE T ☐ Delete
NAME SIMONIC, NICK
STREET ADDRESS 8280-8 PRINCETON SQ BLVD
CITY-ST-ZIP JAX FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

SIGNATURE REQUIRED

May 1, 2001 904-223-6000

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91354 028 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

CR2E037 (10/00)