

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003857

1. Entity Name

IMPACT WORLD MISSIONS, INC.

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90243 025 ****70.00

Principal Place of Business

12940 FRINGETREE DR W
 JACKSONVILLE FL 32246

Mailing Address

IMPACT WORLD MISSIONS, INC.
 PO BOX 330374
 ATLANTIC BEACH FL 32233

2. Principal Place of Business

13474 Aquiline Rd
 Suite, Apt. #, etc.
 Jacksonville, FL
 City & State

3. Mailing Address

Impact World Missions Inc
 Suite, Apt. #, etc.
 P.O. Box 330374
 City & State
 Atlantic Beach, FL



DO NOT WRITE IN THIS SPACE

Zip

32284

Country

U.S.A

Zip

32233

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

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 NAME STREET ADDRESS CITY-ST-ZIP	P ERICKSON, DUANE 12940 FRINGETREE LN JAX FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ERICKSON, MELONIE 12940 FRINGETREE LN JAX FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZUPCIL, POLLY P O BOX 1210 LEVITTOWN PA 19058	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURTIS, ANGEL 1700 S. ASPEN BROKEN ARROW OK 74012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMONIC, NICK 8280-8 PRINCETON SQ BLVD JAX FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

April 29/02

904-881-5673

Date

Daytime Phone #

CR2E037 (9/01)