

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007608

FILED
Apr 21, 2004
Secretary of State

Entity Name: IMPACT DEVELOPMENT OF CENTRAL FLORIDA CORPORATION

Current Principal Place of Business:

510 S. CHARLESTON AVE.
FT. MEADE, FL 33841

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 736
FT. MEADE, FL 33841

New Mailing Address:

FEI Number: 59-3635982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORNELIUS, CLINTON P PASTOR
720 N. ORANGE AVE.
FT. MEADE, FL 33841 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CORNELIUS, CLINTON P
Address: 720 N ORANGE AVENUE
City-St-Zip: FORT MEADE, FL 33841

Title: VP () Delete
Name: CORNELIUS, FRENCHETTA L
Address: 720 N ORANGE AVENUE
City-St-Zip: FORT MEADE, FL 33841

Title: D/T () Delete
Name: JONES, MICHAEL
Address: 1490 GREENTREE AVENUE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: MCCUTCHEN, LORENZO
Address: 100 SE 4TH STREET
City-St-Zip: FORT MEADE, FL 33841

Title: D () Delete
Name: ELDELL, KENNETH SR
Address: 31 SW COURT STREET
City-St-Zip: FORT MEADE, FL 33841

Title: S () Delete
Name: JACKSON, CHARLIE T
Address: 807 S OAK AVE
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLINTON P. CORNELIUS

P

04/21/2004

Electronic Signature of Signing Officer or Director

Date