

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753585

FILED
Jan 07, 2008
Secretary of State

Entity Name: IMPACT FAMILY CHURCH, INC.

Current Principal Place of Business:

16710 NW US 441
P.O. BOX 903
HIGH SPRINGS, FL 32643

New Principal Place of Business:

16710 NW US 441
HIGH SPRINGS, FL 32643

Current Mailing Address:

16710 NW US 441
P.O. BOX 903
HIGH SPRINGS, FL 32655 US

New Mailing Address:

FEI Number: 59-2027325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, EDWIN E
16710 NW US 441
HIGH SPRINGS, FL 32643 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: DST () Delete
Name: ANDERSON, ANGELA R
Address: 20031 NW CR 236 P O BOX 1837
City-St-Zip: HIGH SPRINGS, FL 32655

Title: V () Delete
Name: MORGAN, MARK S
Address: 21237 NW 166TH PL
City-St-Zip: HIGH SPRINGS, FL 32643

Title: PD () Delete
Name: ANDERSON, EDWIN E REV
Address: 20031 NW CR 236 P O BOX 1837
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D () Delete
Name: KEARNS, GEORGE
Address: 11951 NW 70TH AVE PO BOX 85
City-St-Zip: CHIEFLAND, FL 32644

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ANGELA R ANDERSON

DST

01/07/2008

Electronic Signature of Signing Officer or Director

Date