

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002090

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** IMPACT LEADERSHIP RESOURCES, INC.

**Current Principal Place of Business:**

3036 BLUE JACK CT.  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 441901  
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number:** 16-1658506

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, MICHAEL A  
225 NORTH FLORIDA AVENUE  
LAKELAND, FL 33801 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: PRES  
Name: AGUILAR, SANDY  
Address: P.O. BOX 1268  
City-St-Zip: ORANGE PARK, FL 32067

Title: D  
Name: NAIL, ANNA  
Address: 633 WELLS LANDING RD.  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: NANA, BETH  
Address: 700 SPRUCE PINE LANE  
City-St-Zip: ST. JOHNS, FL 32259

Title: D  
Name: STONE, CINDI  
Address: 5631 COLDSTREAM CT  
City-St-Zip: JACKSONVILLE, FL 32222

Title: D  
Name: BUSH, BERNITA  
Address: 473 BRANSCOMB RD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32068

I hereby 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 all other like empowered.

SIGNATURE: SANDY AGUILAR

PRES

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date