

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29435

FILED
Jan 05, 2012
Secretary of State

Entity Name: LIFE IMPACT NETWORK, INC.

Current Principal Place of Business:

14492 UNIVERSITY COVE PLACE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3959 VAN DYKE ROAD, #380
LUTZ, FL 33558

New Mailing Address:

FEI Number: 59-2957640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAYTON, PATRICIA
14492 UNIVERSITY COVE PLACE
TAMPA, FL 33613 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: C
Name: THORINGTON, JOHN
Address: 10117 BENNINGTON DR
City-St-Zip: TAMPA, FL 33626

Title: P
Name: LAYTON, PATRICIA K
Address: 14520 THORNFIELD COURT
City-St-Zip: TAMPA, FL 33624

Title: D
Name: BATEMAN, LESLEY
Address: P. O. BOX 320341
City-St-Zip: TAMPA, FL 33679

Title: D
Name: MCNICKLE, CHRIS
Address: 14712 TALL TREE DRIVE
City-St-Zip: LUTZ, FL 33679

Title: D
Name: SCARBORO, JEANETTE
Address: 17002 WINNERS CIRCLE
City-St-Zip: ODESSA, FL 33556

Title: D
Name: GAYLORD, BLAKE
Address: 3935 VENETIAN WAY
City-St-Zip: TAMPA, FL 33634

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: PATRICIA K LAYTON

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date