

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29435

**FILED**  
**Jan 16, 2015**  
**Secretary of State**  
**CC2150521689**

**Entity Name:** LIFE IMPACT NETWORK, INC.

**Current Principal Place of Business:**

3030 STARKY BLVD., STE. 182  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

3030 STARKY BLVD., STE. 182  
NEW PORT RICHEY, FL 34655

**FEI Number: 59-2957640**

**Certificate of Status Desired: Yes**

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

LAYTON, PATRICIA  
3030 STARKY BLVD., STE. 182  
NEW PORT RICHEY, FL 34655 US

*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

**Officer/Director Detail :**

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

Title D  
Name HINDERS, DOUG  
Address 15142 NIGHTHAWK DR.  
City-State-Zip: TAMPA FL 33625

Title D  
Name HINDERS, MARILYN  
Address 15142 NIGHTHAWK DR.  
City-State-Zip: TAMPA FL 33625

Title DCFO  
Name LAYTON, MICHAEL  
Address 3444 COWART ST.  
City-State-Zip: NEW PORT RICHEY FL 34655

Title PCEO  
Name LAYTON , PATRICIA  
Address 3444 COWART ST.  
City-State-Zip: NEW PORT RICHEY FL 34655

*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**

**PRESIDENT**

**01/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date