

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753585

FILED  
Jan 04, 2007  
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:**

**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  
P.O. BOX 903  
HIGH SPRINGS, FL 32643 US

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

ANDERSON, EDWIN E  
16710 NW US 441  
HIGH SPRINGS, FL 32643 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: EDWIN E ANDERSON

01/04/2007

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 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

01/04/2007

Electronic Signature of Signing Officer or Director

Date