

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002117

FILED
Apr 25, 2006
Secretary of State

Entity Name: IMPACT COVENANT MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

11591 NW 41ST STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

11591 N W 41ST STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 51-0403738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, MARGARET REV.
11591 NW 41ST STREET
CORAL SPRINGS, FL 33065 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: P () Delete
Name: CORNWALL, ANDREA
Address: 11585 NW 41ST STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: V () Delete
Name: BROWN, DEBBY
Address: 4730 NW 57TH PLACE
City-St-Zip: COCONUT CREEK, FL 33073

Title: ST () Delete
Name: BROWN, VALERIE REV.
Address: 109 W. HARVEST DR.
City-St-Zip: NEW CASTLE, DE 19720

Title: C () Delete
Name: SMITH, MARGARET
Address: 11591 NW 41ST STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VC () Delete
Name: SMITH, CLEVELAND
Address: 11591 NW 41ST STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: JONES, JOURDAINE
Address: 306 NW 79TH AVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

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
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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: MARGARET SMITH

C

04/25/2006

Electronic Signature of Signing Officer or Director

Date