

F20000004449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

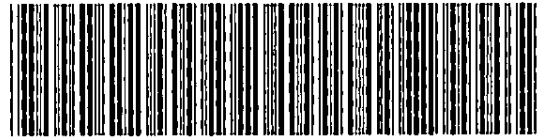
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Impact Campus Ministries, Inc.  
\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Ellen D Luke

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

Impact Campus Ministries

PO Box 8492

\_\_\_\_\_  
Address

Moscow, ID 83843

\_\_\_\_\_  
City/State and Zip Code

ellen.luke@impacttheu.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen D Luke

at ( 801 ) 664-2051

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing F  
Certificate of  
Certified Co

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Impact Campus Ministries, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Idaho 3. 27-2480141  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/29/2010 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3510 Orcana Ave Las Vegas, NV 89120  
(Principal office street address)

PO Box 8492 Moscow, Idaho 83843  
(Current mailing address, if different)

8. to plant campus ministries to encourage students to accept Jeuse Christ as Lord and Savior, to connect college students wit  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

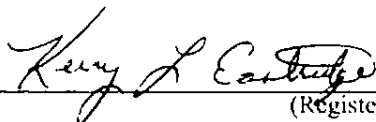
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Kerry Eastridge

Office Address: 7327 Sanibel Blvd 9340 Middle Oak Drive  
FtMyers, Florida 33967  
(City) (Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

I. DIRECTORS

☒ Chairman Name: Megan Marie Gambino  
☐ Vice Chairman Address: 5-15 Aspen Way  
☐ Director Doylestown, PA 18901  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Mark Ackerman  
☐ Vice Chairman Address: 219 Drum Ave N  
☐ Director Pasadena, MD 21122  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

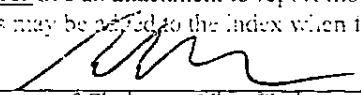
☐ Chairman Name: Ben Simms  
☐ Vice Chairman Address: 7488 Lee Rd  
☒ Director Westerville, OH 43081  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: William Westfall  
☐ Vice Chairman Address: 1098 W Olds River DR  
☐ Director Meridian, ID 83642  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Lori Brock  
☐ Vice Chairman Address: 3901 SW Clarion Park Dr  
☒ Director Topeka, KS 66610  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Judy Hopkins  
☐ Vice Chairman Address: 815 NW State ST  
☒ Director Pullman, WA 99163-3125  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the Index when filing your Florida Department of State Annual Report form.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARK ACKERMAN, TREASURER  
(Typed or printed name and capacity of person signing application)



# STATE OF IDAHO

Lawrence Denney | Secretary of State

**Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83720

July 1, 2020

**Request Type:** Certificate of Existence/Filing

Issuance Date: 07/01/2020

Request #: 0003919686

Copies Requested: 0

Receipt #: 000350386

**Regarding:** IMPACT CAMPUS MINISTRIES, INC.

Filing Type: Non-Profit Corporation (D)

File #: 565145

Formation/Qualification Date: 04/29/2010

Status: Active-Good Standing

Formation Locale: IDAHO

Duration Term: Perpetual

Inactive Date:

## Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

**IMPACT CAMPUS MINISTRIES, INC.**

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Lawrence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 008138929



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2020

ELLEN D LUKE  
P O BOX 8492  
MOSCOW, ID 83843 US

SUBJECT: IMPACT CAMPUS MINISTRIES, INC.  
Ref. Number: W20000107614

CORRECTED



We have received your document for IMPACT CAMPUS MINISTRIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

( Please indicate the titles for officers, Lori Brock, Ben Simms and Judy Hopkins on the application. ) ✓

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 720A00017921

RECEIVED  
OCT 05 2020