

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90183 015 \*\*\*\*61.25

**DOCUMENT # N00000003444**

1. Entity Name

GENERATION IMPACT MINISTRIES INC.



Principal Place of Business

P.O. BOX 37712  
PENSACOLA FL 32526

Mailing Address

P.O. BOX 37712  
PENSACOLA FL 32526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3655712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLLINS, D KEITH  
7423 FLYD DRIVE  
PENSACOLA FL 32526

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME COLLINS, D. KEITH  
STREET ADDRESS P.O. BOX 37712  
CITY-ST-ZIP PENSACOLA FL 32526

TITLE D ☐ Delete  
NAME COLLINS, DARLA M  
STREET ADDRESS P.O. BOX 37712  
CITY-ST-ZIP PENSACOLA FL 32526

TITLE D ☐ Delete  
NAME BOREN, JOHN P  
STREET ADDRESS P.O. BOX 37712  
CITY-ST-ZIP PENSACOLA FL 32526

TITLE D ☒ Delete  
NAME THURMOND, BRENT X  
STREET ADDRESS 27 BRENTWOOD LANE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Michael Robinson / D  
STREET ADDRESS 148 Mt. Sinai Rd.  
CITY-ST-ZIP Friendsville, MO. 21531

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*D. Keith Collins* D. Keith Collins

3-7-06 (850) 941-8818