

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003444

FILED  
Sep 05, 2007  
Secretary of State

**Entity Name:** GENERATION IMPACT MINISTRIES INC.

**Current Principal Place of Business:**

P.O. BOX 37712  
PENSACOLA, FL 32526

**New Principal Place of Business:**

7423 FLOYD DRIVE  
PENSACOLA, FL 32526

**Current Mailing Address:**

P.O. BOX 37712  
PENSACOLA, FL 32526

**New Mailing Address:**

**FEI Number:** 59-3655712      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

COLLINS, D KEITH  
7423 FLYD DRIVE  
PENSACOLA, FL 32526      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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: COLLINS, D. KEITH  
Address: P.O. BOX 37712  
City-St-Zip: PENSACOLA, FL 32526

Title: D      ( ) Delete  
Name: COLLINS, DARLA M  
Address: P.O. BOX 37712  
City-St-Zip: PENSACOLA, FL 32526

Title: D      ( ) Delete  
Name: BOREN, JOHN P  
Address: P.O. BOX 37712  
City-St-Zip: PENSACOLA, FL 32526

Title: D      ( ) Delete  
Name: ROBINSON, MICHAEL  
Address: 148 MT SINAI RD  
City-St-Zip: FRIENDSVILLE, MD 21531

**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 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: D KEITH COLLINS

D

09/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date