

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005
Secretary of State

DOCUMENT# N01000008020

Entity Name: IMPACT MINISTRIES INTERNATIONAL INC.

Current Principal Place of Business:

7708 VAN DYKE RD
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

PO BOX 195
ODESSA, FL 335560195

New Mailing Address:

FEI Number: 14-1783008

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASHBROOK, KELLI
5125 PALM SPRINGS BLVD.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

KILLER, BRAD
10940 S. PARKER RD. #257
PARKER, CO, FL 80134-744 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: BRAD KILLER

02/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: MARMIAN, ROB
Address: 4441 DEVON DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: PD () Delete
Name: TRUNE, DEAN
Address: 4597 CHIPPEWA DR
City-St-Zip: OKEMOS, MI 48864

Title: VD () Delete
Name: WOODHULL, LIN
Address: 1690 WESTERN AVE
City-St-Zip: ALBANY, NY 12203

Title: C () Delete
Name: COOK, ED
Address: 712 N. HAYFORD
City-St-Zip: LANSING, MI 48912

Title: TD () Delete
Name: LASHBROOK, KELLI J
Address: 18121 SAILFISH DR. APT. F
City-St-Zip: LUTZ, FL 33558

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:

Title: TD (X) Change () Addition
Name: KILLER, BRAD
Address: 10940 S. PARKER RD. #257
City-St-Zip: PARKER, CO 80134-744

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT MARMION

MD

02/01/2005

Electronic Signature of Signing Officer or Director

Date