2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
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:

10902 N ARMENIA AVE
TAMPA, FL 33612

Current Mailing Address:

7708 VAN DYKE RD
ODESSA, FL 33556

New Mailing Address:

PO BOX 17620
TAMPA, FL 33682

FEI Number: 14-1783008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VOLLESTEDT, JOHN
5100 BURCHETTE RD. APT #2205
TAMPA, FL 33647 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: PD ( ) Delete
Name: TRUNE, DEAN
Address: 4642 ARROWHEAD
City-St-Zip: OKEMOS, MI 48864

Title: CD ( ) Delete
Name: CHAMBLIN, RON
Address: 3165 CAVERSAM PARK LN.
City-St-Zip: LEXINGTON, KY 40509

Title: SD ( ) Delete
Name: COOK, ED
Address: 1200 E. MICHIGAN AVE., STE 630
City-St-Zip: LANSING, MI 48912

Title: TD ( ) Delete
Name: JACKSON, JEFFERY
Address: 939 WOODRIDGE DR
City-St-Zip: ENOLA, PA 17025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: CAMBLIN, RON
Address: SAVANNAH RIVER WAY #107
City-St-Zip: ORLANDO, FL 32839

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: JEFFERY JACKSON TD 03/25/2009

Electronic Signature of Signing Officer or Director — Date