

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008020

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10902 N ARMENIA AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

9199 86TH AVENUE N  
SEMINOLE, FL 33777

**Current Mailing Address:**

PO BOX 17620  
TAMPA, FL 33682

**New Mailing Address:**

9199 86TH AVENUE N  
SEMINOLE, FL 33777

**FEI Number:** 14-1783008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

CLUTE, DONNA  
9199 86TH AVENUE N  
SEMINOLE, FL 33777 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: DONNA CLUTE

01/05/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: TRUNE, DEAN  
Address: 4642 ARROWHEAD  
City-St-Zip: OKEMOS, MI 48864

Title: BD  
Name: VANDYK, MICHAEL  
Address: 3901 ACORN CIRCLE  
City-St-Zip: HOLT, MI 48842

Title: BD  
Name: LONG, CHRIS  
Address: 1604 ALPHA STREET  
City-St-Zip: LANSING, MI 48910

Title: BD  
Name: LARSON, STEVE  
Address: 6231 WEST REYNOLDS ROAD  
City-St-Zip: HASLETT, MI 48840

I hereby 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 all other like empowered.

SIGNATURE: DEAN TRUNE

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date