

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003535

FILED  
Apr 07, 2008  
Secretary of State

**Entity Name:** IMPACT MINISTRIES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1894 W STATE RD 434  
LONGWOOD, FL 32750

**New Principal Place of Business:**

1890 W STATE RD 434  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 915783  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 01-0724800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EATON, ALBERT C  
1516 E. COLONIAL DRIVE  
SUITE 100-E  
ORLANDO, FL 32803 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: GARMON, CHAD L  
Address: 3328 FOXWOOD DR  
City-St-Zip: APOPKA, FL 32773

Title: SD ( ) Delete  
Name: LANGSTON, BILL  
Address: 624 CHESTER DR.  
City-St-Zip: LAKELAND, FL 33803

Title: VD ( ) Delete  
Name: MCMAHON, CHRIS  
Address: 525 DEVONSHIRE BLVD.  
City-St-Zip: LONGWOOD, FL 32750

Title: TD ( ) Delete  
Name: MCCONNELL, HUGH  
Address: 1324 BRANCH HILL CT  
City-St-Zip: APOPKA, FL 32712

**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: CHAD GARMON

PD

04/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date