

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003535

FILED
Apr 27, 2009
Secretary of State

Entity Name: IMPACT MINISTRIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1890 W STATE RD 434
LONGWOOD, FL 32750

New Principal Place of Business:

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:

EATON, ALBERT
1516 E. COLONIAL DRIVE
SUITE 100-E
ORLANDO, FL 32803 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: CHAD GARMON

04/27/2009

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

MR

04/27/2009

Electronic Signature of Signing Officer or Director

Date