

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003535

**FILED**  
**Jan 14, 2010**  
**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  
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  
Name: GARMON, CHAD L  
Address: 3328 FOXWOOD DR  
City-St-Zip: APOPKA, FL 32773

Title: SD  
Name: MCMAHON, CHRIS  
Address: 525 DEVONSHIRE BLVD.  
City-St-Zip: LONGWOOD, FL 32750

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

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: CHAD GARMON

PD

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date