

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002090

FILED
Jan 16, 2009
Secretary of State

Entity Name: IMPACT LEADERSHIP RESOURCES, INC.

Current Principal Place of Business:

3036 BLUE JACK CT.
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441901
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 16-1658506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, MICHAEL A
225 NORTH FLORIDA AVENUE
LAKELAND, FL 33801 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: D () Delete
Name: AGUILAR, SANDY
Address: P.O. BOX 1268
City-St-Zip: ORANGE PARK, FL 32067

Title: D () Delete
Name: GOLDSMITH, REBEKAH
Address: 9274 THUNDERBOLT CT.
City-St-Zip: JACKSONVILLE, FL 32221

Title: D () Delete
Name: PETERSON, CHERYL
Address: 3057 HALEY LANE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: STONE, CINDI
Address: 5631 COLDSTREAM CT
City-St-Zip: JACKSONVILLE, FL 32222

Title: D () Delete
Name: MCCLELLAND, LINDA DR.
Address: P.O. BOX 381988
City-St-Zip: JACKSONVILLE, FL 32238

Title: D () Delete
Name: ADKINS, LINDA REV.
Address: 10426 INNISBROOK
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: PETERSON, CHERYL
Address: 3616 JAMESTOWN
City-St-Zip: JACKSONVILLE, FL 32223

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: SANDY AGUILAR

CEO

01/16/2009

Electronic Signature of Signing Officer or Director

Date