2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N03000008185

Entity Name: IMPACT 100 PENSACOLA BAY AREA, INC.

Current Principal Place of Business:

1300 WEST MAIN STREET
PENSACOLA, FL 32501

New Principal Place of Business:

1300 WEST MAIN STREET
PENSACOLA, FL 32502

Current Mailing Address:

1300 WEST MAIN STREET
PENSACOLA, FL 32501

New Mailing Address:

1300 WEST MAIN STREET
PENSACOLA, FL 32502

FEI Number: 20-0247687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, LINDA A
1300 WEST MAIN STREET
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

HOFFMAN, LINDA A
1300 WEST MAIN STREET
PENSACOLA, FL 32502 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: _____ 03/31/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RITCHIE, DEBORAH
Address: 4506 LAVALLET LN
City-St-Zip: PENSACOLA, FL 32504

Title: PD ( ) Delete
Name: HOFFMAN, LINDA
Address: 1300 WEST MAIN STREET
City-St-Zip: PENSACOLA, FL 32501

Title: D ( ) Delete
Name: ANTHONY, KATHY
Address: 8765 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

Title: D ( ) Delete
Name: BARBEE, ANNA
Address: 108 WINDCHIME WAY
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHEPPARD, JULIE
Address: 40 S. ALCANIZ STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D (X) Change ( ) Addition
Name: HOFFMAN, LINDA
Address: 1300 WEST MAIN STREET
City-St-Zip: PENSACOLA, FL 32501

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: LINDA A. HOFFMAN D 03/31/2009
Electronic Signature of Signing Officer or Director — Date