

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90267 001 ***361.25

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1. Entity Name
LIFE IMPACT FOR ETERNITY INTERNATIONAL, INC.



Principal Place of Business

356 BROTHERS RD
BECKLEY, WV 25801

Mailing Address

3984 MANATEE AVENUE EAST
BRADENTON, FL 34208

66013570



04262006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1145874

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNARD, PAUL
3984 MANATEE AVENUE EAST
BRADENTON, FL 34208

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURPHY, ERIC W
STREET ADDRESS	356 BROTHERS RD
CITY- ST- ZIP	BECKLEY, WV 25801
TITLE	DIR
NAME	BOWERS, DARWIN
STREET ADDRESS	7168 HILLCREST DRIVE
CITY- ST- ZIP	LAKEPORT, MI 48059
TITLE	SEC
NAME	MOHLER, DELMAR R
STREET ADDRESS	2455 SCENIC VALLEY DRIVE
CITY- ST- ZIP	WEST DES MOINES, IA 50265
TITLE	DIR
NAME	TANSEY, ROBERT D
STREET ADDRESS	119 EDGEWATER DRIVE
CITY- ST- ZIP	NOBLESVILLE, IN 46062
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #