2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N04000005081

Entity Name: LIFE IMPACT FOR ETERNITY INTERNATIONAL, INC.

Current Principal Place of Business:

2455 SCENIC VALLEY
WEST DES MOINES, IA 50265

New Principal Place of Business:

Current Mailing Address:

3984 MANATEE AVENUE EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 20-1145874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAY, JIM
3984 EAST SR 64
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

GAY, JIM
3984 EAST SR 64
BRADENTON, FL 34208 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: JIM GAY 04/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MURPHY, ERIC W
Address: 356 BRETHREN RD
City-St-Zip: BECKLEY, WV 25801

Title: DIR ( ) Delete
Name: BOWERS, DARWIN
Address: 13 MARKHAM COURT
City-St-Zip: FAIRFEILD GLADE, TN 38558

Title: SEC ( ) Delete
Name: MOHLER, DELMAR R
Address: 2455 SCENIC VALLEY DRIVE
City-St-Zip: WEST DES MOINES, IA 50265

Title: DIR ( ) Delete
Name: TANSEY, ROBERT D
Address: 119 EDGEWATER DRIVE
City-St-Zip: NOBLESVILLE, IN 46062

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: JIM GAY RA 04/22/2009
Electronic Signature of Signing Officer or Director Date