

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005272

FILED  
May 01, 2009  
Secretary of State

Entity Name: IMPACT DRAMA MINISTRIES, INC

**Current Principal Place of Business:**

155 CROWN COLONY WAY  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

155 CROWN COLONY WAY  
SANFORD, FL 32771

**New Mailing Address:**

FEI Number: 20-1021227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WIGGINS, SHONDA  
155 CROWN COLONY WAY  
SANFORD, FL 32771      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: WIGGINS, SHONDA  
Address: 155 CROWN COLONY WAY  
City-St-Zip: SANFORD, FL 32771

Title: DV      ( ) Delete  
Name: WHIPPER, CHARLINE  
Address: 508 N LAKE JESSUP  
City-St-Zip: OVIEDO, FL 32765

Title: SD      ( ) Delete  
Name: KENDRICK, TINA  
Address: 3105 TINLEY TERRAC  
City-St-Zip: SANFORD, FL 32773

**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:

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: SHONDA WIGGINS

DP

05/01/2009

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

\_\_\_\_\_  
Date