

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006365

FILED  
May 18, 2006  
Secretary of State

**Entity Name:** WORLD IMPACT MINISTRIES, INC.

**Current Principal Place of Business:**

PO BOX 47495  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 47495  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 54-2155189      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

SPENCER, HORACE  
1344 WHISPERING PINE DR  
CLEARWATER, FL 33764 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: P ( ) Delete  
Name: HOLMES, TODD E  
Address: PO BOX 47495  
City-St-Zip: TAMPA, FL 33647

Title: ST ( ) Delete  
Name: WATTS, THOMAS R  
Address: 415 MUSTANG TRAIL  
City-St-Zip: CELINA, TX 75009

Title: D ( ) Delete  
Name: RICH, DEBBIE K  
Address: 18124 PALM BREEZE DR  
City-St-Zip: TAMPA, FL 33647

**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 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: TODD HOLMES

P

05/18/2006

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

\_\_\_\_\_  
Date