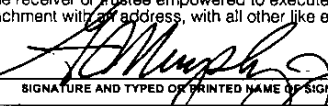


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90359 005 ****70.00

DOCUMENT # N04000007342 1. Entity Name NATIONAL IMPACT FEE ROUNDTABLE, INC.					
Principal Place of Business 8420-1 CHARTER CLUB CIRCLE FT MYERS, FL 33919			Mailing Address 8420-1 CHARTER CLUB CIRCLE FT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 34-2007858	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MURPHY, GERALD 8420-1 CHARTER CLUB CIRCLE FT MYERS, FL 33919				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISE, CARSON L 4701 SANGAMORE ROAD SUITE 240 BETHESDA, MD 20816 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MURPHY, GERALD 8420-1 CHARTER CLUB CIRCLE FORT MYERS, FL 33919 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD COLGAN, JOSEPH 2740 FULTON AVE SUITE 101 SACRAMENTO, CA 95821 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BODA, SUSAN 4200 LANKFORD DRIVE TAMPA, FL 33610 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROST, DOUG 200 W WASHINGTON STREET; 9TH FLOOR PHOENIX, AZ 850031611 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, KATHRYN 6543 W. TETHER TRAIL PHOENIX, AZ 85083 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALAROI, DEBORAH 2536 NE 16TH AVE PORTLAND, OR 97212 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILTON, TIMOTHY 12243 N. 58TH STREET SCOTTSDALE, AZ 85254 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLEN, CLANCY 1617 W. NINTH STREETH AUSTIN, TX 78703 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WALLACE, ROBERT 1595 S. SEMORAN BLVD. WINTER PARK, FL 32792 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, TYSON 230 SW MAIN ST. SUITE 209 LEES SUMMIT, MO 64063 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 255 KING STREET CHARLESTON, SC 29401	
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: 			GERALD MURPHY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/23/08 Daytime Phone #: 239-590-9765		

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