## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N04000007342

RT FILED Jun 02, 2009 Secretary of State

Entity Name: NATIONAL IMPACT FEE ROUNDTABLE, INC.

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
JNIT 1	RTER CLUB ( S, FL 33919	DIRCLE			
Current Mailing Address:			New Mailin	New Mailing Address:	
8420 CHA	RTER CLUB C	CIRCLE			
JNIT 1	S, FL 33919	711.COLL			
El Number	: 34-2007858	FEI Number Applied For ( )	FEI Number Not Applic	cable ( ) Certificate of Status Desired ( )	
Name and	d Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
3420 CHÁ JNIT 1	GERALD RTER CLUB C S, FL 33919 L				
The above	named entity		ourpose of changing its	s registered office or registered agent, or both	
n the Stat	e of Florida.				
SIGNATU					
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
itle: lame: ddress: city-St-Zip:	BISE, CARSON	ORE ROAD SUITE 240	Title: Name: Address: City-St-Zip:	()Change ()Addition	
itle: lame: ddress: City-St-Zip:	MURPHY, GER	ER CLUB CIRCLE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
ïtle: lame:	PD ( ) TILTON, TIMOT 12243 58TH ST SCOTTSDALE,	TREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
\ddress: City-St-Zip:	,				
		ER TRAIL	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition FROST, DOUGLAS 200 WEST WASHINGTON STREET PHOENIX, AZ 85003	
city-St-Zip: itle: lame: .ddress:	D ( ) GREGORY, KA 6543 W TETHE PHOENIX, AZ	ATHRYN ER TRAIL 850083 ) Delete NCY H STREETH	Name: Address:	FROST, DOUGLAS 200 WEST WASHINGTON STREET	

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: GERALD E. MURPHY TD 06/02/2009