

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011224

Entity Name: IMPACT MISSIONS, INC.

FILED  
Apr 01, 2008  
Secretary of State

## Current Principal Place of Business:

201 FISH HAVE RD #6  
AUBURNDALE, FL 33823

## New Principal Place of Business:

201 FISH HAVEN RD #6  
AUBURNDALE, FL 33823

## Current Mailing Address:

201 FISH HAVE RD #6  
AUBURNDALE, FL 33823

## New Mailing Address:

201 FISH HAVEN RD #6  
AUBURNDALE, FL 33823

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DONAHUE, BRYAN  
201 FISH HAVE RD #6  
AUBURNDALE, FL 33823 US

## Name and Address of New Registered Agent:

DONAHUE, BRYAN  
201 FISH HAVEN RD #6  
AUBURNDALE, FL 33823 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: BRYAN DONAHUE

04/01/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DONAHUE, BRYAN  
Address: 201 FISH HAVE RD #6  
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete  
Name: LYTTLE, RACHEL  
Address: 128 7TH JKPV ST  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: DONAHUE, SHAWN  
Address: 16520 BAYBRIDGE DR  
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete  
Name: FOSTER, SHARON  
Address: 3201 HURST RD  
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete  
Name: NELSON, MARK  
Address: 2249 COUPLES DR  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DONAHUE, BRYAN  
Address: 201 FISH HAVEN RD #6  
City-St-Zip: AUBURNDALE, FL 33823

Title: D (X) Change ( ) Addition  
Name: LYTTLE, RACHEL  
Address: 128 7TH JPV ST  
City-St-Zip: WINTER HAVEN, FL 33880

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: RACHEL LYTTLE

D

04/01/2008

Electronic Signature of Signing Officer or Director

Date