2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N07000011224

Entity Name: IMPACT MISSIONS, INC.

Current Principal Place of Business:

201 FISH HAVEN RD #6
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

201 FISH HAVEN RD #6
AUBURNDALE, FL 33823

New Mailing Address:

FEI Number: 26-1373445 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Title: D ( ) Delete
Name: LYTTLE, RACHEL
Address: 128 7TH JPV 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 04/09/2009

Electronic Signature of Signing Officer or Director — Date