

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001681

FILED  
Mar 26, 2009  
Secretary of State

**Entity Name:** IMPACT LIFE CHURCH GLOBAL MINISTRIES, INC.

**Current Principal Place of Business:**

258 EAST MAIN STREET  
MAYO, FL 32066

**New Principal Place of Business:**

431 W HAMPTON SPRINGS AVE  
PERRY, FL 32347

**Current Mailing Address:**

P.O. BOX 118  
MAYO, FL 32066

**New Mailing Address:**

431 W HAMPTON SPRINGS AVE  
PERRY, FL 32347

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUDD, W J  
1408-8 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308 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: P ( ) Delete  
Name: RUDD, W J  
Address: 1408-8 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VST ( ) Delete  
Name: RUDD, RAYMOND  
Address: 421 ELM STREET  
City-St-Zip: PERRY, FL 32348

Title: VP ( ) Delete  
Name: RUDD, CINDY L  
Address: 1408-8 CAPITAL CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32308

**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 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: W.J. RUDD

P

03/26/2009

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

\_\_\_\_\_  
Date