

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010229

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** AUTHENTIC IMPACT INC.

**Current Principal Place of Business:**

869 SADLER ROAD SUITE 5  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

869 SADLER ROAD SUITE 5  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 26-3665787

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELLAR, DARYL  
869 SADLER ROAD SUITE 5  
FERNANDINA BEACH, FL 32034 US

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

BELLAR, DARRYL  
869 SADLER ROAD SUITE 5  
FERNANDINA BEACH, FL 32034 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:** DARRYL BELLAR

04/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BELLAR, DARRYL  
**Address:** 95048 BUCKEYE COURT  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

**Title:** D  
**Name:** GARDELL, GREG  
**Address:** 225 SHEFFIELD CEMETERY ROAD  
**City-St-Zip:** KINGSLAND, GA 31548

**Title:** D  
**Name:** PETERS, ROBERT  
**Address:** 2626 COUNTESS OF EGGMONT  
**City-St-Zip:** FERNANDINA BEACH, FL 32034

I hereby 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 all other like empowered.

**SIGNATURE:** GREG GARDELL

D

04/12/2010

Electronic Signature of Signing Officer or Director

Date