

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003092

FILED  
Apr 23, 2012  
Secretary of State

Entity Name: ISLAND IMPACT MINISTRIES, INC.

**Current Principal Place of Business:**

2424 SE INDIAN ST  
STUART, FL 34997 US

**New Principal Place of Business:**

4837 SE CHILES CT.  
STUART, FL 34997 US

**Current Mailing Address:**

PO BOX 6324  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 20-2327357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NELSON, ROBERT W  
4837 SE CHILES CT  
STUART, FL 34997 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: PD  
Name: NELSON, ROBERT W  
Address: 4837 SE CHILES CT  
City-St-Zip: STUART, FL 34997

Title: VD  
Name: NELSON, KELLI L  
Address: 4837 SE CHILES CT  
City-St-Zip: STUART, FL 34997

Title: SD  
Name: SWANER, KENNETH  
Address: 118 HAGERMAN AVE.  
City-St-Zip: E. PATCHOGUE, NY 11772

Title: TD  
Name: PENDELTON, CHARLOTTE  
Address: 65 RAYNOR RD  
City-St-Zip: RIDGE, NY 11961

Title: D  
Name: BLACKMORE, ROGER  
Address: 35 PINE RD.  
City-St-Zip: CORAM, NY 11727

Title: D  
Name: PAPOTTO, JOSEPH  
Address: 322 ST. ANDREWS LA.  
City-St-Zip: MYRTLE BCH, SC 29588

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: ROBERT W. NELSON

PD

04/23/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date