

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004042

FILED  
Apr 20, 2011  
Secretary of State

Entity Name: POINT OF IMPACT INC

**Current Principal Place of Business:**

15168 NW OGLESBY ROAD  
ALTHA, FL 32421 US

**New Principal Place of Business:**

**Current Mailing Address:**

15168 NW OGLESBY ROAD  
ALTHA, FL 32421 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OGLESBY, DAVID P  
27276 NW CJM ROAD  
ALTHA, FL 32421 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: CHEESBOROUGH, SIDNEY N  
Address: P.O. BOX 485  
City-St-Zip: ALTHA, FL 32421 US

Title: VD  
Name: OGLESBY, DAVID P  
Address: 15168 NW OGLESBY ROAD  
City-St-Zip: ALTHA, FL 32421 US

Title: VD  
Name: HILL, ERIC T  
Address: 1411 BLUEBERRY DRIVE  
City-St-Zip: SNEADS, FL 32460 US

Title: T  
Name: CREWS, DERRICK  
Address: P.O. BOX 1248  
City-St-Zip: SNEADS, FL 32460

Title: S  
Name: PERRY, TIMOTHY O  
Address: P.O. BOX 1420  
City-St-Zip: SNEADS, FL 32460

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: DAVID P OGLESBY

VP

04/20/2011

Electronic Signature of Signing Officer or Director

Date