

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005262

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** IMPACT OUTREACH MINISTRIES, INC.

**Current Principal Place of Business:**

3517 STUART ST  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

3517 STUART ST  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 27-0335495      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

GANT, MICHAEL A  
1432 PALMDALE ST  
JACKSONVILLE, FL 32208      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PT  
**Name:** GANT, MICHAEL A PASTOR  
**Address:** 3517 STUART ST  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** VPT  
**Name:** GANT, APRIL E  
**Address:** 3517 STUART ST  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** TT  
**Name:** ARLINE, WENONA  
**Address:** 4667 FULTON ROAD  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** ST  
**Name:** EDWARDS, SHEILA  
**Address:** 4949 CHIVALRY DR  
**City-St-Zip:** JACKSONVILLE, FL 32208

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: MICHAEL A. GANT

PT

05/01/2010

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

\_\_\_\_\_  
Date