

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N29435

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** LIFE IMPACT NETWORK, INC.

**Current Principal Place of Business:**

14492 UNIVERSITY COVE PLACE  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

3959 VAN DYKE ROAD, #380  
LUTZ, FL 33558

**New Mailing Address:**

**FEI Number:** 59-2957640

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAYTON, PATRICIA  
14492 UNIVERSITY COVE PLACE  
TAMPA, FL 33613 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: C  
Name: THORINGTON, JOHN  
Address: 10117 BENNINGTON DR  
City-St-Zip: TAMPA, FL 33626

Title: P  
Name: LAYTON, PATRICIA K  
Address: 14520 THORNFIELD COURT  
City-St-Zip: TAMPA, FL 33624

Title: D  
Name: BATEMAN, LESLEY  
Address: P. O. BOX 320341  
City-St-Zip: TAMPA, FL 33679

Title: D  
Name: MCNICKLE, CHRIS  
Address: 14712 TALL TREE DRIVE  
City-St-Zip: LUTZ, FL 33679

Title: D  
Name: SCARBORO, JEANETTE  
Address: 17002 WINNERS CIRCLE  
City-St-Zip: ODESSA, FL 33556

Title: D  
Name: GAYLORD, BLAKE  
Address: 3935 VENETIAN WAY  
City-St-Zip: TAMPA, FL 33634

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: PATRICIA K LAYTON

PRES

01/05/2012

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

\_\_\_\_\_  
Date