

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000035

FILED  
May 09, 2005  
Secretary of State

Entity Name: IMPACT MINISTRIES, INC.

**Current Principal Place of Business:**

8611 RYAN AVENUE  
PENSACOLA, FL 32534 US

**New Principal Place of Business:**

**Current Mailing Address:**

8611 RYAN AVENUE  
PENSACOLA, FL 32534 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

ANTHONY, EDWARD L  
8611 RYAN AVENUE  
PENSACOLA, FL 32534 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: PD ( ) Delete  
Name: ANTHONY, EDWARD L  
Address: 8611 RYAN AVENUE  
City-St-Zip: PENSACOLA, FL 32534

Title: TD ( ) Delete  
Name: ANTHONY, MARIE E  
Address: 8611 RYAN AVENUE  
City-St-Zip: PENSACOLA, FL 32534

Title: VD ( ) Delete  
Name: HADDING, DEBRAH M  
Address: 5900 W JACKSON ST  
City-St-Zip: PENSACOLA, FL 32506

Title: MD ( ) Delete  
Name: HADDING, ROBERT  
Address: 5900 W JACKSON ST  
City-St-Zip: PENSACOLA, FL 32506

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWARD L. ANTHONY

PD

05/09/2005

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

\_\_\_\_\_  
Date