

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N960000000035**

1. Entity Name  
**IMPACT MINISTRIES, INC.**



Principal Place of Business  
**8611 RYAN AVENUE  
PENSACOLA, FL 32534 US**

Mailing Address  
**8611 RYAN AVENUE  
PENSACOLA, FL 32534 US**



04282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ANTHONY, EDWARD L  
8611 RYAN AVENUE  
PENSACOLA, FL 32534**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edward L. Anthony* PD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/28/08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ANTHONY, EDWARD L
STREET ADDRESS	8611 RYAN AVENUE
CITY - ST - ZIP	PENSACOLA, FL 32534
TITLE	TD
NAME	ANTHONY, MARIE E
STREET ADDRESS	8611 RYAN AVENUE
CITY - ST - ZIP	PENSACOLA, FL 32534
TITLE	VD
NAME	HADDING, DEBRAH M
STREET ADDRESS	4334 CROSSWINDS DR.
CITY - ST - ZIP	MILTON, FL 32583
TITLE	MD
NAME	HADDING, ROBERT
STREET ADDRESS	4334 CROSSWINDS DR.
CITY - ST - ZIP	MILTON, FL 32583
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000937652  
05/27/08-80060-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edward L. Anthony*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/08  
Date

(850) 923-9553  
Daytime Phone #