2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006
Secretary of State

DOCUMENT# N96000002410

Entity Name: IMPACT MINISTRIES NONDENOMINATIONAL CHURCH INC.

Current Principal Place of Business:

1710 52ND STREET SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

1710 52ND STREET SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 30-0262003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATTERSON, BOBBY J
2066 7TH AVENUE SOUTH
ST PETERSBURG, FL 33711 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:	MR	( ) Delete
Name:	PATTERSON, BOBBY J	
Address:	2066 7TH AVENUE SOUTH	
City-St-Zip:	ST PETERSBURG, FL 33712	
Title:	MRS	( ) Delete
Name:	PATTERSON, DORETHIA	
Address:	2066 7TH AVENUE SOUTH	
City-St-Zip:	ST PETERSBURG, FL 33712	
Title:	MR	( ) Delete
Name:	HILLIAD, WAYNE L	
Address:	4631 18TH AVENUE SOUTH	
City-St-Zip:	ST PETERBURG, FL 33711	
Title:	MRS	( ) Delete
Name:	HILLIAD, MAE A	
Address:	4631 18TH AVENUE SOUTH	
City-St-Zip:	ST PETERBURG, FL 33711	
Title:	MS	( ) Delete
Name:	WIGGINS, GERRI	
Address:	2066 1/2 7TH AVENUE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33711	
Title:	MR	( ) Delete
Name:	BRADHAM, ROBERT	
Address:	5585 21ST STREET SOUTH, APT 302	
City-St-Zip:	ST PETERSBURG, FL 33712	

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:	
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 Chapter 119, 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: MAE A. HILLIARD MRS. 01/09/2006

Electronic Signature of Signing Officer or Director — Date