2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008
Secretary of State

DOCUMENT# N98000003857

Entity Name: IMPACT WORLD MISSIONS, INC.

Current Principal Place of Business:

13474 AQUILINE RD
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

IMPACT WORLD MISSIONS, INC.
PO BOX 330374
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-3518976 **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:

ERICKSON, DUANE A
12940 FRINGETREE DR W
JACKSONVILLE, FL 32246 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:	P	( ) Delete
Name:	ERICKSON, DUANE	
Address:	13474 AQUILINE RD	
City-St-Zip:	JAX, FL 32246	
Title:	ST	( ) Delete
Name:	ERICKSON, MELONIE	
Address:	13474 AQUILINE RD	
City-St-Zip:	JAX, FL 32246	
Title:	T	( ) Delete
Name:	ZUPCIC, POLLY	
Address:	P O BOX 1210	
City-St-Zip:	LEVITTOWN, PA 19058	
Title:	T	( ) Delete
Name:	CURTIS, ANGEL	
Address:	1700 S. ASPEN	
City-St-Zip:	BROKEN ARROW, OK 74012	
Title:	T	( ) Delete
Name:	SIMONIC, NICK	
Address:	8280-8 PRINCETON SQ BLVD	
City-St-Zip:	JAX, FL 32256	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: DUANE ERICKSON P 05/14/2008

Electronic Signature of Signing Officer or Director — Date