

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003857

FILED
Apr 29, 2009
Secretary of State

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)

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

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date