

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# F05000004775

Entity Name: THE IMPACT MOVEMENT, INC.

Current Principal Place of Business:

455 S. ORANGE AVENUE
STE 600
ORLANDO, FL 32801

New Principal Place of Business:

445 NORTH WYMORE RD
WINTER PARK, FL 32789

Current Mailing Address:

455 S. ORANGE AVENUE
STE 600
ORLANDO, FL 32801

New Mailing Address:

P.O. BOX 607803
ORLANDO, FL 328607803

FEI Number: 81-0596936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD STE 101
TALLAHASSEE, FL 323012960 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: GILMER, CHARLES
Address: 455 S. ORANGE AVE, STE 600
City-St-Zip: ORLANDO, FL 32801

Title: VP () Delete
Name: GILMER, REBECCA G
Address: 455 S. ORANGE AVE, STE 600
City-St-Zip: ORLANDO, FL 32801

Title: T () Delete
Name: RESTUCCIA, CHRISTOPHER R
Address: 455 S. ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: FRITZ, THOMAS G
Address: 455 S. ORANGE AVE, STE 600
City-St-Zip: ORLANDO, FL 32801

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GILMER, CHARLES
Address: P.O. BOX 607803
City-St-Zip: ORLANDO, FL 328607803 US

Title: VP (X) Change () Addition
Name: GILMER, REBECCA G
Address: P.O. BOX 607803
City-St-Zip: ORLANDO, FL 328607083 US

Title: T (X) Change () Addition
Name: RESTUCCIA, CHRISTOPHER R
Address: P.O. BOX 607803
City-St-Zip: ORLANDO, FL 328607803 US

Title: S (X) Change () Addition
Name: FRITZ, THOMAS G
Address: P.O. BOX 607803
City-St-Zip: ORLANDO, FL 328607803

Title: D () Change (X) Addition
Name: WILSON, EARL
Address: P.O. BOX 607803
City-St-Zip: ORLANDO, FL 328607803 US

Title: D () Change (X) Addition
Name: BATTLE, KEITH
Address: P.O. BOX 607803
City-St-Zip: ORLANDO, FL 328607803 US

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: CHARLES V. GILMER

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date