

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005973

Entity Name: IMPACT AFRICA, INC.**Current Principal Place of Business:**1101 MIRANDA LANE
KISSIMMEE, FL 34741**Current Mailing Address:**P.O.BOX 702511
ST CLOUD, FL 34770-2511**FEI Number:** 20-0118718**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SWART BAUMRUK & COMPANY, LLP
1101 MIRANDA LANE
KISSIMMEE, FL 34741 US*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**Officer/Director Detail :**

Title	PD
Name	FRANZEN, RICHARD
Address	PO BOX 702511
City-State-Zip:	ST. CLOUD FL 34770-2511

Title	VD
Name	FRANZEN, MICHELLE
Address	PO BOX 702511
City-State-Zip:	ST. CLOUD FL 34770-2511

Title	TD
Name	BAUMRUK, ANDY J
Address	1101 MIRANDA LANE
City-State-Zip:	KISSIMMEE FL 34741

Title	D
Name	BAUMRUK, KELLY S
Address	1101 MIRANDA LANE
City-State-Zip:	KISSIMMEE FL 34741

Title	D
Name	GOLEY, STEVE
Address	PO BOX 703203
City-State-Zip:	TULSA OK 74170

I hereby 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 all other like empowered.

SIGNATURE: ANDY J BAUMRUK**TREASURER****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date