

**2015 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**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date