

2017 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 PRESIDENT, DIRECTOR
Name FRANZEN, RICHARD
Address PO BOX 702511
City-State-Zip: ST. CLOUD FL 34770-2511

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

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

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

Title DIRECTOR
Name HESTOR, JASON
Address 1009 TOWHEE DR.
City-State-Zip: COLUMBUS IN 47203

Title DIRECTOR
Name SMITH, SCOTT
Address 9561 NORMANDY WAY
City-State-Zip: BRENTWOOD TN 37027

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****03/08/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date