

2023 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:**1101 MIRANDA LANE
KISSIMMEE, FL 34741 US**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	WELDAY, JEFF
Address	1320 FANNING ST
City-State-Zip:	SOUTHLAKE TX 76092

Title	DIRECTOR
Name	OLIVER, STEVE
Address	PO BOX 2266
City-State-Zip:	KNYSNA 6570

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****03/01/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date