

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006080

FILED
Mar 14, 2005
Secretary of State

Entity Name: LATIN IMPACT MINISTRIES, INCORPORATED

Current Principal Place of Business:

27430 SW 164TH CT
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

27430 SW 164TH CT
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 74-2687669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, RUSSELL V
27430 SW 164TH CT
HOMESTEAD, FL 33031 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: CP () Delete
Name: BLACK, RUSSELL
Address: 27430 SW 164TH CT
City-St-Zip: HOMESTEAD, FL 33031

Title: D () Delete
Name: CAVENER, TONY
Address: 779 GLENSPRING DRIVE
City-St-Zip: LAWRENCEVILLE, GA 30043

Title: D () Delete
Name: LOGAN, VICTOR
Address: 1136 JEFFERSON HIGHWAY
City-St-Zip: WINDER, GA 30680

Title: D () Delete
Name: ROAN, TOM
Address: 1166 BUTTON HILL
City-St-Zip: KENNESAW, GA 30152

Title: ST () Delete
Name: BLACK, KERRY
Address: 27430 SW 164TH CT
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUSSELL V. BLACK

CP

03/14/2005

Electronic Signature of Signing Officer or Director

Date