

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004451

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: IMPACT STUDENT EVENTS INC.

**Current Principal Place of Business:**

P.O. BOX 693  
JENSEN BEACH, FL 34958

**New Principal Place of Business:**

**Current Mailing Address:**

2843 SE WILTSHIRE TERRACE  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

FEI Number: 65-1197976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TIMMERMAN, WILLIAM B  
2278 SW MONTERREY LN  
PORT ST. LUCIE, FL 34953 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: P ( ) Delete  
Name: TIMMERMAN, WILLIAM B  
Address: 2278 SW MONTERREY LN  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: V ( ) Delete  
Name: BERES, JANE C  
Address: 4228 SW OAKHAVEN LANE  
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: HERRICK, SARAH F  
Address: 2843 SE WILTSHIRE TERR  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S ( ) Change (X) Addition  
Name: HERRICK, ADAM L  
Address: 2843 SE WILTSHIRE TERR  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T ( ) Change (X) Addition  
Name: TIMMERMAN, JENNIFER B  
Address: P.O. BOX 693  
City-St-Zip: JENSEN BEACH, FL 34958

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SARAH F. HERRICK

VP

04/26/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date