

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004451

FILED
May 10, 2009
Secretary of State

Entity Name: IMPACT STUDENT EVENTS INC.

Current Principal Place of Business:

2843 SE WILTSHIRE TERR
PORT ST LUCIE, FL 34952

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TIMMERMAN, WILLIAM B
1825 SE CARLIN AVE
PORT ST. LUCIE, FL 34952 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TIMMERMAN, WILLIAM B
Address: 1825 SE CARLIN AVE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: V () Delete
Name: FOLEY, SARAH
Address: 2843 SE WILTSHIRE TERR
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: S () Delete
Name: MOSELEY, BRANDON
Address: 2843 SE WILTSHIRE TERR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: T () Delete
Name: TIMMERMAN, JENNIFER B
Address: 1825 SE CARLIN AVE
City-St-Zip: PORT ST LUCIE, FL 34952

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:

I hereby certify that the information supplied with this filing does not qualify 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 FOLEY

V

05/10/2009

Electronic Signature of Signing Officer or Director

Date