

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000006080

**Entity Name:** LATIN IMPACT MINISTRIES, INCORPORATED**Current Principal Place of Business:**19485 SW 288TH STREET  
HOMESTEAD, FL 33030**Current Mailing Address:**19485 SW 288TH STREET  
HOMESTEAD, FL 33030**FEI Number: 74-2687669****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BLACK, RUSSELL V  
19485 SW 288TH STREET  
HOMESTEAD, FL 33030 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	CP
Name	BLACK, RUSSELL V
Address	19485 SW 288TH STREET
City-State-Zip:	HOMESTEAD FL 33030

Title	D
Name	CAVENER, TONY R
Address	779 GLENSPRING DRIVE
City-State-Zip:	LAWRENCEVILLE GA 30043

Title	D
Name	LOGAN, VICTOR
Address	1136 JEFFERSON HIGHWAY
City-State-Zip:	WINDER GA 30680

Title	D
Name	ROAN, TOM
Address	100 FIELDSTONE LANE
City-State-Zip:	PEACHTREE CITY GA 30269

Title	ST
Name	BLACK, KERRY R
Address	19485 SW 288TH STREET
City-State-Zip:	HOMESTEAD FL 33030

*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: RUSSELL BLACK****PRESIDENT****01/23/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date