



OFFICER ELECTION REPORT

PLEASE COMPLETE AND RETURN THIS FORM BY FEBRUARY 15, 2025

(PLEASE TYPE OR PRINT CLEARLY)

Election Date: _____

Impact Team Name and No: _____

City: _____ State: _____ Date Instituted: _____

Meeting Location (name and address): _____

Church: _____

Pastor: _____ Diocese: _____

Elected Officer Information — Required *(If address has changes, please check box)*

PRESIDENT (BENEFICIAL) Name: _____ Home Phone: (____) _____
 Address: _____ Cell Phone: (____) _____
 Address Change City: _____ State: _____ ZIP: _____
 Email: _____

SECRETARY Name: _____ Home Phone: (____) _____
 Address: _____ Cell Phone: (____) _____
 Address Change City: _____ State: _____ ZIP: _____
 Email: _____

TREASURER (BENEFICIAL) Name: _____ Home Phone: (____) _____
 Address: _____ Cell Phone: (____) _____
 Address Change City: _____ State: _____ ZIP: _____
 Email: _____

Appointed Members — Not Required

SOCIAL MEDIA COORDINATOR Name: _____ Phone: (____) _____
 Address: _____ Email: _____
 Address Change City: _____ State: _____ ZIP: _____

AMBASSADOR Name: _____ Phone: (____) _____
 Address: _____ Email: _____
 Address Change City: _____ State: _____ ZIP: _____

OTHER TITLE: _____
 Address Change Name: _____ Phone: (____) _____
 Address: _____ Email: _____
 City: _____ State: _____ ZIP: _____

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