



## OFFICER ELECTION REPORT

PLEASE COMPLETE AND RETURN THIS FORM BY MARCH 1, 2026

(PLEASE TYPE OR PRINT CLEARLY)

Election Date: \_\_\_\_\_

Impact Team Name and No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Date Instituted: \_\_\_\_\_

Meeting Location (name and address): \_\_\_\_\_

Church (if applicable): \_\_\_\_\_

Pastor and Diocese (if applicable): \_\_\_\_\_

### Elected Officer Information — Required (If information has changed, please check box)

**PRESIDENT (BENEFICIAL)** Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**SECRETARY** Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Information Change Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**TREASURER (BENEFICIAL)** Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

If the President or Treasurer have changed, please provide a new signature card for your checking account.

### Appointed Members — Not Required

**VICE PRESIDENT** Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SOCIAL MEDIA COORDINATOR** Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**OTHER** TITLE: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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Meeting Location (name and address): \_\_\_\_\_

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Pastor and Diocese (if applicable): \_\_\_\_\_

### Elected Officer Information — Required (If information has changed, please check box)

**PRESIDENT (BENEFICIAL)** Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**SECRETARY** Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Information Change Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

**TREASURER (BENEFICIAL)** Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

If the President or Treasurer have changed, please provide a new signature card for your checking account.

### Appointed Members — Not Required

**VICE PRESIDENT** Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SOCIAL MEDIA COORDINATOR** Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**OTHER** TITLE: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Information Change City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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