

200 N. Martingale Rd, Suite 405 Schaumburg, IL 60173 847-342-4500 info@1891FinancialLife.com www.1891FinancialLife.com

## **OFFICER ELECTION REPORT**

PLEASE COMPLETE AND RETURN THIS FORM BY FEBRUARY 15, 2025

(PLEASE TYPE OR PRINT CLEARLY)		Election Date:	
Impact Team N	ame and No:		
		State: Date Instituted:	
Meeting Location	on (name and address):		
Church:			
Pastor:		Diocese:	
Elected Offic	er Information — Required (If a	ddress has changes, please check box)	
PRESIDENT (BENEFICIAL)	Name:	Home Phone: ()	
	Address:	Cell Phone: ()	
☐ Address Change		State: ZIP:	
	Email:		
SECRETARY	Name:	Home Phone: ()	
☐ Address Change		Cell Phone: ()	
		State:ZIP:	
	Email:		
TREASURER (BENEFICIAL)	Name:	Home Phone: ()	
		Cell Phone: ()	
Address		State: ZIP:	
Change	Email:		
Annointed M	embers — <i>Not</i> Required		
SOCIAL MEDI	•	Phone: ()	
COORDINATO			
☐ Address Change	City:	State: ZIP:	
	Oity.		
AMBASSADOR Name:		Phone: ()	
☐ Address Change	Address:	Email:	
	City:	State: ZIP:	
OTHER	TITLE:		
Address Change	Name:		
	Address:		
	City:	State: ZIP:	

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City:		State:	
	on (name and address):		
Pastor:		Diocese:	
Elected Offic	er Information — Required (If ac	ddress has changes, please check box)	
PRESIDENT (BENEFICIAL)	Name:	Home Phone: (	)
	Address:	Cell Phone: (	)
Address Change	City:	State:	_ ZIP:
Change	Email:		
SECRETARY	Name:	Home Phone: (	)
Address	Address:		
Change	City:		
	Email:		
TREASURER (BENEFICIAL)	Name:	Home Phone: (	)
	Address:	Cell Phone: (	)
Address Change	City:	State:	_ ZIP:
	Email:		
Appointed M	embers —Not Required		
SOCIAL MEDI	•	Phone: (	)
COORDINATO	)R	Email:	
Address Change	City:	State:	
AMBASSADOR Name:		Phone: (	)
Address Change	Address:		
	City:		ZIP:
OTHER	TITLE:		
Address Change	Name:		)
	Address:		
	City:		ZIP:

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