

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 10, 1999 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02-10-1999 90070 025 \*\*\*\*\*61.25

DOCUMENT # F98000002676

1. Corporation Name  
LIFELINE AFRICA FOUNDATION, INC.

Principal Place of Business  
1333 HOWE AVE., #100  
SACRAMENTO CA 95825

Mailing Address  
1333 HOWE AVE., #100  
SACRAMENTO CA 95825



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/11/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		68-0357089	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NADI, RUBY 2491 NW 56TH AVE., #8 LAUDERHILL FL 33313				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, CHRIS	1.2 NAME	
STREET ADDRESS	1333 HOWE AVE., #100	1.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95825	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADDELL, ERIC	2.2 NAME	
STREET ADDRESS	1333 HOWE AVE., #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95825	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGBOLE, KECHE	3.2 NAME	
STREET ADDRESS	405 FORESTGROVE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MITCHELLVILLE MD 20721	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OFFOAR, GODSONE	4.2 NAME	
STREET ADDRESS	4018 18TH ST N.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20011	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IWU, MAURICE DR	5.2 NAME	
STREET ADDRESS	21 CORRAL SPRINGS CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS MD 20703	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY, CHARLES	6.2 NAME	
STREET ADDRESS	8434 CASABLANCA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SACRAMENTO CA 95828	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

1/20/99 (602)529

CR2E037 (1/98)