

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000140

FILED
Mar 20, 2009
Secretary of State

Entity Name: ASSOCIATION FOR THE ADVANCEMENT OF AFRICA, INC.

Current Principal Place of Business:

12231 ORENCE GROVE BLVD
ROYAL PLAM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

3263 NORTH WINDS TRAIL
DOUGLASVILLE, GA 30135

New Mailing Address:

34949 OAKDALE ROAD SE
617
SMYRNA, GA 30080

FEI Number: 65-1007558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARGARET, OTENGHO N
12231 ORENCE GROVE BLVD
ROYAL PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OTENGHO, SUNDAY-JOSEPH DR
Address: 3263 NORTH WINDS TRAIL
City-St-Zip: DOUGLASVILLE, GA 30135

Title: VCD () Delete
Name: OTENGHO, CAROL R
Address: 24411 AMADOR STREET
City-St-Zip: HAYWARD, CA 94544

Title: VSD () Delete
Name: SELLARDS, KIMBERLY
Address: 7017 SOUTHEAST DELEGATE STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: VTD () Delete
Name: HAUKWA, CHARLES
Address: 1164 SOLANDO AVE. APT. 429
City-St-Zip: ALBANY, CA 94706

Title: VD () Delete
Name: KIARIE, DUNCAN
Address: 3263 NORTH WINDS TRAIL
City-St-Zip: DOUGLASVILLE, GA 30135

Title: VD () Delete
Name: KABENGE, RAYMOND
Address: 14026 VISTA DRIVE, SUITE 82-A
City-St-Zip: LAUREL, MD 207075800

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUNDAY-JOSEPH OTENGHO

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date