

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008518

FILED  
May 02, 2005  
Secretary of State

Entity Name: USA/SA/AFRICA, HIV/AIDS/HEALTH/WATER, PROJECT, INC.

**Current Principal Place of Business:**

713 CHESSWOOD COURT  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

713 CHESSWOOD COURT  
JACKSONVILLE, FL 32259

**New Mailing Address:**

FEI Number: 59-0637829      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SIMMONS, ELLA M  
11625 OLD ST. AUGUSTINE RD.  
JACKSONVILLE, FL 32258      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: F      ( ) Delete  
Name: SIMMONS, ELLA M  
Address: 134 E. CHURCH STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP#1      ( ) Delete  
Name: SIMMONS, CHARLESYN N III  
Address: 713 CHESSWOOD COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP#2      ( ) Delete  
Name: SIMMONS, JOHNITA K  
Address: 713 CHESSWOOD CT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: CHIV      ( ) Delete  
Name: NASH, JACQUELYN  
Address: 3025 ALTAMONT AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: CHIV      ( ) Delete  
Name: WILLIAMS, DERYA  
Address: 1535 WINDY OAKS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: SIMMONS, ELLA M  
Address: 713 CHESSWOOD COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP#1      (X) Change ( ) Addition  
Name: WILLIAMS, DERYA E  
Address: 1447 SARASOTA LANE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP#2      (X) Change ( ) Addition  
Name: NASH, JACQUELYN J  
Address: 3025 ALTAMONT AVENUE, EAST  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP#3      (X) Change ( ) Addition  
Name: DR. GOLDHAGEN, MD, JEFFERY  
Address: 515 WEST 6TH STREET  
City-St-Zip: JACKSONVILLE, FL 32206

Title: CONS      (X) Change ( ) Addition  
Name: DR. SOHA, MD, MARY  
Address: 1090 ARBOR LANE  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ELLA M. SIMMONS

Electronic Signature of Signing Officer or Director

PRES

05/02/2005

Date