

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008518

FILED
Apr 30, 2009
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 (X)

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

Title: VP1 () Delete
Name: WILLIAMS, DERYA E
Address: 1447 SARASOTA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP2 () Delete
Name: KEHL- SIMMONS, JOHNNITA C
Address: WINTERTHURERSTR.22
City-St-Zip: ZURICH, SW 8006

Title: CONS (X) Delete
Name: DR. GOLDHAGEN, MD, JEFFERY
Address: 4318 BLUE HERON DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: CEO (X) Delete
Name: SIMMONS III, CHARLES N
Address: 713 CHESSWOOD COURT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP2 (X) Change () Addition
Name: KEHL- SIMMONS, JOHNNITA C
Address: WINTERHURESTRASSE 22
City-St-Zip: ZURICH, SW 8006

Title: () Change () Addition
Name:
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: ELLA M. SIMMONS

CEO

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date