

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003009

FILED
Aug 27, 2009
Secretary of State

Entity Name: AFRICAN DEVELOPMENT SUPPORT FOUNDATION INC

Current Principal Place of Business:

11410 N. KENDALL DRIVE
SUITE 304
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11410 N. KENDALL DRIVE
SUITE 304
MIAMI, FL 33176

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

ESSIEN, EDDIE
11410 N. KENDALL DRIVE
SUITE 304
MIAMI, FL 33176 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: P () Delete
Name: ESSIEN, EDDIE
Address: 11410 N. KENDALL DRIVE, SUITE 304
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ESSIEN, ESTHER
Address: 11410 N. KENDALL DRIVE, SUITE 304
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: JOHN, MILDRED DR.
Address: 11410 N. KENDALL DRIVE, SUITE 304
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: ESSIEN, UBONG
Address: 11410 N. KENDALL DRIVE, SUITE 304
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: IKAIDDI, ANTHONY A DR
Address: 11410 N. KENDALL DRIVE, SUITE 304
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: EDDIE ESSIEN

Electronic Signature of Signing Officer or Director

PRES

08/27/2009

Date