2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2005 08:00 AM Secretary of State

Daytime Phone #

	AITITOAL I	ZEI OIZI			
DOCUMENT # N9600003878 1. Entity Name U.SAFRICA FREE ENTERPRISE EDUCATION FOUNDATION, INC.				Secretary of S	ta
Principal Plac	e of Business	Mailing Address			
5016 GUNN		5016 GUNN HWY			
TAMPA, FL		TAMPA, FL 33624			
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A COLUMN TO THE PARTY OF THE PA		THE RESERVE OF THE PROPERTY OF	COURTH A COLOR		1010
			MANUFACTURE STEEL	5. Certificate of Status Desired \$8.75 Additional	
· . or Day or Post	Annual Control of the			Fee Required	
	6. Name and Address of Current Reg	istered Agent	4	alakirikka ara ata bilarik ala ara	
				A Company of the comp	
GABREMA	ARIAM, FASSILL	-		DO NOT WRITE	
5016 GUNN HWY			1	DO INCLANIII	
TAMPA, FL 33624				IN THIS COACE	
•			Art Contract	IN THIS SPACE	
					•
9 The above	named entity submits this statement for the	a numose of changing its register	ed office or register	ered agent, or both, in the State of Florida. I am famíliar with, and acc	ept
	tions of registered agent.	o perpose ar criariging its regiotor	oa omeo or ragional	and agong or both, in the dealer of Floridat. I but assessment with and are	
in (or own agon					
SIGNATURE	—	-			
Old Williams	Signature, typed or printed name of registered agent and t	itis (I applicable (NOTE, Registere	d Agent signature required	d when reinstaling) DATE	
,		-1			
	Filing Fee is \$61.25	9. Election Campaign Final	noing \$5.	5.00 May Be	
	Due by May 1, 2005	Trust Fund Contribution.	□ Ādd	ded to Fees	
	240 by may 1, 2000	<u> </u>			
10.	OFFICERS AND DIF	ECTORS	and the state of the state of		
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NAME	GABREMARIAM, FASSIL			*	
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	5016 GUNN HWY			*	
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NAME	JORDAN, RUDOLPH D			•	
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NAME					į.
STREET ADDRESS	Ì		18 55		
CITY - ST- ZIP	İ			Among the distribution of the contraction of the co	
10 I barabre	certify that the information supplied with this	s filing does not qualify for the eve	motion stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	n
indicated	on this report or supplemental report is tru	e and accurate and that my signa	ture shall have the	same legal effect as if made under oath; that I am an officer or direct	or .
of the cor	contation or the receiver or trustee emoswe	red to execute this report as requi	red by Chapter 617	7. Florida Statutes; and that my name appears in Block 10 of Block 1	1 11
2, 2,0	portation of the land of the desired	all other like amonutered	,,	•	
changed	or on an attackment with an address with	all other like empowered.	,,	ection 119.07(3)(i), Florida Statutes. I further certify that the informations ame legal effect as if made under oath; that I am an officer or direct 7, Florida Statutes; and that my name appears in Block 10 or Block 1	

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAIS

SIGNATURE: