

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000000481

**Entity Name:** AFRICAN FOUNDATION FOR ORPHANS CORP

**Current Principal Place of Business:**

9452 MONTEBELLO WAY  
UNIT 103  
FORT MYERS, FL 33908

**Current Mailing Address:**

9452 MONTEBELLO WAY  
UNIT 103  
FORT MYERS, FL 33908 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NDURE, PAMATARR  
9452 MONTEBELLO WAY  
UNIT 103  
FORT MYERS, FL 33908 US

*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

**Officer/Director Detail :**

Title VP  
Name BELMAR, LYNETTE  
Address 9452 MONTEBELLO WAY  
UNIT 103  
City-State-Zip: FORT MYERS FL 33908

Title VP  
Name NDURE, PAMATARR JR I JR  
Address 9452 MONTEBELLO WAY  
UNIT #103 UNIT 103  
City-State-Zip: FORT MYERS FL 33908

Title VP  
Name NDURE, IBRAHIM P JR  
Address 9452 MONTEBELLO WAY  
UNIT #103 UNIT 103  
City-State-Zip: FORT MYERS FL 33908

Title PRESIDENT  
Name NDURE, PAMATARR O  
Address 9452 MONTEBELLO WAY  
UNIT #103  
City-State-Zip: FORT MYERS FL 33908

*I hereby 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 all other like empowered.*

**SIGNATURE:** LYNETTE BELMAR

VP

04/26/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date