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TRANSMITTAL LETTER

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		(Na	une of Corp	poration - must	nclude suffix)			
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Please return	all corresp	oondence con	cerning this	s matter to the fo	ollowing:			
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	E. Gaines S hassee, FI				P. O. Box 633 Tallahassee, I			
Enclosed is a	•		g amount:		·			
\$ \$70.00 Fil	ing Fee	578.75	Filing Fee &	k 🗂 \$78.75	Filing Fee &	587.50	Filing Fee,	
		Certific	cate of State	ıs Certifi	ed Copy		icate of Status a red Copy	<u>&</u>

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

HEART OF AFRICA, IUCORNORATED
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. (State or country under the law of which it is incorporated) 4. (Date of Incorporation) OCTOBER 20, 2000 (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4 OCTOBER 20, 2000 5 PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
CJANUARY 1 2004
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
7. COLUMBUS CIRCLE LONGWOOD, FL 32750 (Principal office address)
(Principal office address)
COLUMBUS CIRCLE, LONDWOOD, FL 32750 (Current mailing address)
RAISE FUNDS FOR CHARITABLE RELIGIOUS PROGRAMS (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
9. Watte and street address of Florida registered agent. (F.O. Box 1101 acceptance)
Name: D. MICHAEL HENDERSON
Office Address: 450 COLUMBUS CIRCLE
Longues Florida 32750 (City) Florida (Zip Code)
10. Registered Agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. The
further goree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.
and I am familiar with and accept the obligations of my position as registered agent.
D. Union of the sum SE 75
(Registered Aent's signature)

11. Attached is a Certificate of Existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

A.	DIRECTORS	
-		

Chairman: D. MICHARL HENDERSON
Address: 450 COLUMBUS CIRCLE
LONG WOOD, FLORIDA 32750
Vice Chairman: REU. SAMUEL KIMBOWA
Address: 985 RAMSGATE ROAD
GREEN WOOD, INDIANA 46143
Director: MRS. CHARTHA HENDERSON
Address: 450 COLUMBUS CIRCLE
LONGWOOD, FLORIDA 32750
Director:
Address:
B. OFFICERS
President: D. MICHAEL HENDERSON
Address: 450 COLUMBUS CIRCLE
LONGWOOD, FLORIDA 32750
Vice President: REV. SAMUEL KIMBOWA
Address: 985 RAMSGATE ROAD GREETWASS, 121-4
GREENWOOD, INDIANA 46143
Secretary: MRS, MARTHA HENDERSON
Address: 450 COLUMBUS CIRCLE
Preasurer: LONGWOOD, FLORIDA 32750
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or instructions.
13. D. Climber of Herberra
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. D. MICHAEL HONDERSON, CHAIR MANTER TO THE STATE OF TH
ii 22

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

HEART OF AFRICA, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 20, 2000, and was in existence or authorized to transact business in the State of Indiana on December 09, 2004.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Ninth Day of December, 2004.

TODD ROKITA, Secretary of State

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