

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90447 044 \*\*\*\*61.25

**DOCUMENT # F04000007276**

1. Entity Name  
**HEART OF AFRICA, INCORPORATED**



Principal Place of Business  
**450 COLUMBUS CIRCLE  
LONGWOOD, FL 32750**

Mailing Address  
**450 COLUMBUS CIRCLE  
LONGWOOD, FL 32750**

40071045



**DO NOT WRITE IN THIS SPACE**

04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**35-2121414**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HENDERSON, D. MICHAEL  
450 COLUMBUS CIRCLE  
LONGWOOD, FL 32750**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PC
NAME	HENDERSON, D. MICHAEL
STREET ADDRESS	450 COLUMBUS CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	VPVC
NAME	KIMBOWA, SAMUEL REV.
STREET ADDRESS	985 RAMSGATE ROAD
CITY-ST-ZIP	GREENWOOD, IN 46143
TITLE	STD
NAME	HENDERSON, MARTHA
STREET ADDRESS	450 COLUMBUS CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	Board members.
NAME	Mr. Owuwau Amaning
STREET ADDRESS	1550 Rebecca Place
CITY-ST-ZIP	15 Longwood, Florida 32779
TITLE	Rev. Augustine DAVIES
NAME	511 Erica Way
STREET ADDRESS	Winter Springs, Florida 32708
CITY-ST-ZIP	Mr. Brendon Dedekind
TITLE	3473 Gerber Daisy Lane
NAME	Oviedo, Florida 32766
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *D. Michael Henderson* **D. Michale Hender** **4/24/05** **407-831-2308**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #