


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90371 036 ****61.25

DOCUMENT # F04000007276 1. Entity Name HEART OF AFRICA, INC.					
Principal Place of Business 100 CROWN OAK CENTRE DR. SUITE A-3 LONGWOOD, FL 32750				Mailing Address 450 COLUMBUS CIRCLE LONGWOOD, FL 32750	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 521151			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Longwood FL		4. FEI Number 35-2121414	
Zip		Zip 32752		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENDERSON, D. MICHAEL 450 COLUMBUS CIRCLE LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HENDERSON, D. MICHAEL DR. 450 COLUMBUS CIRCLE LONGWOOD, FL 32750 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input checked="" type="checkbox"/> Delete MCLEFISH, JULIA MS. 518 ONE CENTER BLVD., APT. 106 ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input type="checkbox"/> Delete HENDERSON, MARTHA MRS. 450 COLUMBUS CIRCLE LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete AMANING, K. OWUSU MR. 1558 REBECCA PL. LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DAVIES, AUGUSTINE REV. 511 ERICA WAY WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DEDEKIND, BRENDON MR. 3473 GERBER DAISY LN. OVIEDO, FL 32766		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>D. Michael Henderson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/5/07 <small>Date</small>		407-619-3482 <small>Daytime Phone #</small>

ATTACHMENT

40034339

#F04060067276

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT
ATTACHMENT: Additional Directors

D

Carpenter, Alan Mr.
5050 Shoreline Cir.
Sanford, FL 32771-7130

D

Thonnard, Paul Mr.
5 North Tocovi Ct.
Brownsburg, IN 46112