

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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  
P.O. BOX 521151  
LONGWOOD, FL 32752

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04212008 Chg-NP CR2E037 (12/06)

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

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

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

(NOTE: Registered Agent signature required when restating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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 D Heart of Africa President  Delete  
NAME HENDERSON, D. MICHAEL DR.  
STREET ADDRESS 450 COLUMBUS CIRCLE  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE Mr.  
NAME Alan Carpenter  
STREET ADDRESS 5050 Shoreline Cir.  
CITY-ST-ZIP Sanford, FL 32771

Change  Addition

TITLE SD Board Member  Delete  
NAME HENDERSON, MARTHA MRS.  
STREET ADDRESS 450 COLUMBUS CIRCLE  
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE Mr.  
NAME Paul Thonnard  
STREET ADDRESS 5 N. Tocavi Ct.  
CITY-ST-ZIP Brownsburg, IN 46112

Change  Addition

TITLE PD Board Member  Delete  
NAME AMANING, K. OWUSU MR.  
STREET ADDRESS 1558 REBECCA PL.  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE VD Board Member  Delete  
NAME DAVIES, AUGUSTINE REV.  
STREET ADDRESS 511 ERICA WAY  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE TD Board Member  Delete  
NAME DEDEKIND, BRENDON MR.  
STREET ADDRESS 3473 GERBER DAISY LN.  
CITY-ST-ZIP OVALDO, FL 32766

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: D. Michael Henderson 4/23/08 407-619-3482  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #