

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000007004

**FILED**  
**Oct 22, 2007**  
**Secretary of State**

**Entity Name:** MARAFIKI GLOBAL AIDS MINISTRY INC.

**Current Principal Place of Business:**

2681 S. COURSE DR. #403  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2681 S. COURSE DR. #403  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 31-1586466      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

NGANGA, JOHN M  
2681 S. COURSE DR. #403  
POMPANO BEACH, FL 33069      US

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

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: REV. DR. JOHN MUNGAI NGANGA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PC      ( ) Delete  
Name: NGANGA, JOHN M  
Address: 2681 S. COURSE DR. #403  
City-St-Zip: POMPAN BEACH, FL 33069

Title: VVC      ( ) Delete  
Name: KGABO, MOLAPO  
Address: 110 MCCOOK WAY NW  
City-St-Zip: KENNESAW, GA 301443160

Title: S      ( ) Delete  
Name: CHAPMAN, PATRICIA  
Address: 5797 HANDINGTONSHIRE LANE  
City-St-Zip: DUBLIN, OH 43016

Title: T      ( ) Delete  
Name: MUNGAI, BENSON K  
Address: 5684 D. YORKHILL CT.  
City-St-Zip: COLUMBUS, OH 43229

Title: D      ( ) Delete  
Name: MUNGAI, FAITH W  
Address: 2681 S. COURSE DR. APT. 403  
City-St-Zip: POMPAN BEACH, FL 33069

Title: D      ( ) Delete  
Name: HUDSON, DAVID MARI  
Address: P.O. BOX 667645  
City-St-Zip: POMPAN BEACH, FL 33069

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REV. DR. JOHN MUNGAI NGANGA

Electronic Signature of Signing Officer or Director

REV

10/22/2007

Date