2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# F07000000830

Entity Name: RAFIKI FOUNDATION INCORPORATED

Current Principal Place of Business:

23315 CR 44A
EUSTIS, FL 32736 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1988
EUSTIS, FL 32727 US

New Mailing Address:

FEI Number: 74-2477089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLEMENT, G. EDWARD ESQ
308 E FIFTH AVE
MOUNT DORA, FL 32757 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: SHOQUIST, TOM
Address: 807 EDGEFOREST TERR
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete
Name: KREPS, TOVA
Address: 7605 SW 159TH TERR
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: JOHNSON, DENNIS
Address: 2340 N INIS LANE
City-St-Zip: ESCONDIDO, CA 78232

Title: P ( ) Delete
Name: JENSEN, ROSEMARY
Address: 109 LARIAT
City-St-Zip: SAN ANTONIO, TX 78232

Title: VP ( ) Delete
Name: WELLS, DAVID
Address: 130 ESSEX STREET
City-St-Zip: S HAMILTON, MA 01982

Title: S ( ) Delete
Name: CHUNN, JOHN
Address: 494 S SEGUIN AVE SUITE 102
City-St-Zip: NEW BRAUNFELS, TX 78130

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: ROSEMARY JENSEN P 04/22/2009

Electronic Signature of Signing Officer or Director — Date