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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002676

1. Corporation Name

LIFELINE AFRICA FOUNDATION, INC.

Principal Place of Business

1333 HOWE AVE., #100
SACRAMENTO CA 95825

Mailing Address

1333 HOWE AVE., #100
SACRAMENTO CA 95825



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

68-0357089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

NADI, RUBY
2491 NW 56TH AVE., #8
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ELIAS, CHRIS
STREET ADDRESS 1333 HOWE AVE., #100
CITY-ST-ZIP SACRAMENTO CA 95825

TITLE T ☐ DELETE

NAME WADDELL, ERIC
STREET ADDRESS 1333 HOWE AVE., #100
CITY-ST-ZIP SACRAMENTO CA 95825

TITLE S ☐ DELETE

NAME OGBOLE, KECHE
STREET ADDRESS 405 FORESTGROVE LANE
CITY-ST-ZIP MITCHELLVILLE MD 20721

TITLE DC ☐ DELETE

NAME OFFOAR, GODSONE
STREET ADDRESS 4018 18TH ST N.E.
CITY-ST-ZIP WASHINGTON DC 20011

TITLE D ☐ DELETE

NAME IWU, MAURICE DR
STREET ADDRESS 21 CORRAL SPRINGS CIRCLE
CITY-ST-ZIP SILVER SPRINGS MD 20703

TITLE D ☐ DELETE

NAME TIMOTHY, CHARLES
STREET ADDRESS 8434 CASABLANCA DR.
CITY-ST-ZIP SACRAMENTO CA 95828

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #

CR2E037 (1/98)