

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000758

FILED
Apr 26, 2004
Secretary of State**Entity Name:** LIBERIAN EDUCATIONAL ACHIEVEMENT FOUNDATION INC.**Current Principal Place of Business:**9384 N 56TH STREET
SUITE 3
TAMPA, FL 33617**New Principal Place of Business:****Current Mailing Address:**9384 N 56TH STREET
SUITE 3
TAMPA, FL 33617**New Mailing Address:****FEI Number:** 59-3636326 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SEKAJIPO, LAWRENCE JR
1715 E FOWLER AVE STE 107
TAMPA, FL 336125523 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: PCBD () Delete
Name: SEKAJIPO, LAWRENCE D JR
Address: 1715 E FOWLER AVE SUITE 107
City-St-Zip: TAMPA, FL 336125523

Title: VPD () Delete
Name: KAINE, THOMAS P
Address: 1840 N WASHINGTON AVE #A
City-St-Zip: CLEARWATER, FL 33755

Title: TCFO () Delete
Name: KWAYETE, SEKOU
Address: 1715 EAST FOWLER AVE SUITE 177
City-St-Zip: TAMPA, FL 33612

Title: S () Delete
Name: VANCY, GERTRUDE W
Address: 1411 E 131ST AVE #11-205
City-St-Zip: TAMPA, FL 33612

Title: ESD () Delete
Name: SEKAJIPO, ADRIANA M
Address: 1715 E. FOWLER AVE., STE 107
City-St-Zip: TAMPA, FL 336125523

Title: T () Delete
Name: SEKAJIPO, LAWRENCE D SR
Address: 9384 N 56TH STREET SUITE 5
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TCFO (X) Change () Addition
Name: ADRIANA, SEKAJIPO M
Address: 1715 EAST FOWLER AVE SUITE 177
City-St-Zip: TAMPA, FL 33612

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

Title: ESD (X) Change () Addition
Name: KWEYETE, SEKOU A
Address: 1715 E. FOWLER AVE., STE 107
City-St-Zip: TAMPA, FL 336125523

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LAWRENCE D. SEKAJIPO JR

PCBD

04/26/2004

Electronic Signature of Signing Officer or Director

Date