

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000758

FILED
May 17, 2009
Secretary of State

Entity Name: LIBERIAN EDUCATIONAL ACHIEVEMENT FOUNDATION INC.

Current Principal Place of Business:

526 TUSCANNY PARK LOOP
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

315 ALEXANDRIA HWY.
LEESVILLE, LA 71446

New Mailing Address:

526 TUSCANNY PARK LOOP
BRANDON, FL 33511

FEI Number: 59-3636326 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEKAJIPO, LAWRENCE JR
526 TUSCANNY PARK LOOP
BRANDON, FL 33511 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: SEMACKOR, STEPHEN K
Address: 1840 N WASHINGTON AVE #A
City-St-Zip: CLEARWATER, FL 33755

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

Title: S () Delete
Name: SEKAJIPO, TANNEH L
Address: 526 TUSCANNY PARK LOOP
City-St-Zip: BRANDON, FL 33511

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

Title: T () Delete
Name: SEKAJIPO, LAWRENCE D SR
Address: 526 TUSCANNY PARK LOOP
City-St-Zip: BRANDON, FL 33511

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
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Title: () Change () Addition
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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: LAWRENCE D. SEKAJIPO SR.

PCBD

05/17/2009

Electronic Signature of Signing Officer or Director

Date