

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90207 013 ****70.00

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1. Entity Name
LIBERIAN EDUCATION ACHIEVEMENT FOUNDATION INC.



Principal Place of Business

**9384 N 56TH STREET
SUITE 3
TAMPA FL 33617**

Mailing Address

**9384 N 56TH STREET
SUITE 3
TAMPA FL 33617**

10065838



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3636326

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEKAJPO, LAWRENCE JR
1715 E FOWLER AVE STE 107
TAMPA FL 33612-5523**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCBD
SEKAJPO, LAWRENCE D JR
1715 E FOWLER AVE SUITE 107
TAMPA FL 33612-5523** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Executive Secretary/Director
Adriana Marie Sekajipo
1715 E. Fowler Avenue STE 107
Tampa, FL 33612-5523** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KAINE, THOMAS P
1840 N WASHINGTON AVE #A
CLEARWATER FL 33755** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Susannah C. Zunnah
J.S. Roberts United Methodist School
Monrovia, Liberia** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TCFO
KWAYETE, SEKOU
1715 EAST FOWLER AVE SUITE 177
TAMPA FL 33612** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VANCY, GERTRUDE W
1411 E 131ST AVE #11-205
TAMPA FL 33612** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAINE, MOSES B SR
212 UNITED NATIONS DRIVE
MONROVIA LIBERIA** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SEKAJPO, LAWRENCE D SR
9384 N 56TH STREET SUITE 5
TAMPA FL 33617** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Lawrence D. Sekajipo Jr. (President)

14 Feb 03

813 727-1437

CR2E037 (10/02)