

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000005919**

1. Entity Name  
**AFRICA INTERNATIONAL CHRISTIAN MISSION, INC.**



Principal Place of Business  
**C/O CARL A CASCIO, P.A.  
525 N.E. 3RD AVE #102  
DELRAY BEACH, FL 33444**

Mailing Address  
**C/O CARL A CASCIO, P.A.  
525 N.E. 3RD AVE #102  
DELRAY BEACH, FL 33444**



01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1042584</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CASCIO, CARL A ESQ.  
C/O CARL A CASCIO, P.A.  
525 N.E. 3RD AVE #102  
DELRAY BEACH, FL 33444**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

**000000390587**  
**04/25/05-60165-010 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORGENSEN, CHRISTINE 1870 FARM TRAIL SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARSE, GEORGE PASTOR 420 W BOYNTON BEACH ROAD BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASSEY, JOSEPH 9760 CORONADO LAKE DR BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YALARTAI, HARMON D 1072 CAMPBELL AVE WEST HAVEN, CT 06516
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACKWELL, DAVID 4267 FOX TRACE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIBERTY, R. ZARWULUGBO P.O. BOX 243856 BOYNTON BEACH, FL 33424

**DO NOT WRITE  
IN THIS SPACE**

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:**

**R. Zarwulugbo Liberty**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/05 561-577-3725**  
DATE Daytime Phone #