2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005919

FILED Apr 21, 2009 Secretary of State

Entity Name: AFRICA INTERNATIONAL CHRISTIAN MISSION, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
525 N.E. 3	_ A CASCIO, P.A. BRD AVE #102 BEACH, FL 33444				
Current N	lailing Address:		New Mailing Addre	ess:	
525 N.E. 3	_ A CASCIO, P.A. BRD AVE #102 BEACH, FL 33444				
FEI Number	r: 65-1042584 FEI Numl	ber Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Re	gistered Agent:	Name and Address	of New Registered Agent:	
C/O CARL 525 N.E. 3 DELRAY E	CARL A ESQ. _ A CASCIO, P.A. BRD AVE #102 BEACH, FL 33444 US				
	e named entity submits the e of Florida.	s statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Signatu	re of Registered Ag	ent	Date	
OFFICER	S AND DIRECTORS:		ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D () Delete JORGENSEN, CHRISTINE 1870 FARM TRAIL SANIBEL, FL 33957		Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle: Name:	D () Delete ROSA, MICHAEL P 1700 DOVER ROAD	5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip:	DELRAY BEACH, FL 3344				
Address: City-St-Zip: Fitle: Name: Address:	DELRAY BEACH, FL 33449 D () Delete MASSEY, JOSEPH 9760 CORONODO LAKE DI BOYNTON BEACH, FL 334		Title: Name: Address: City-St-Zip:	() Change () Addition	
Address:	D () Delete MASSEY, JOSEPH 9760 CORONODO LAKE DI		Title: Name: Address:	() Change () Addition () Change () Addition	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	D () Delete MASSEY, JOSEPH 9760 CORONODO LAKE DI BOYNTON BEACH, FL 334 D () Delete YALARTAI, HARMON D 1072 CAMPBELL AVE	37	Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: R.ZARWULUGBO LIBERTY P 04/21/2009