

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001267

FILED
Jan 05, 2005
Secretary of State

Entity Name: SEKELELA (REJOICE) ZAMBIA'S ORPHANS, INC.

Current Principal Place of Business:

854 CONNISTON ROAD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

854 CONNISTON ROAD
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 52-2308379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, DELANE R MISS
854 CONNISTON ROAD
WEST PALM BEACH, FL 33405 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: PD () Delete
Name: ILNISKY, WILLIAM N REV.
Address: 2840 FARRAGUT LANE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD () Delete
Name: LEWIS, PHILIP
Address: 7347 OVERLOOK DRIVE
City-St-Zip: LANTANA, FL 33467

Title: SD () Delete
Name: BAILEY, DELANE R
Address: 4343A WOODSTOCK DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

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:

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: WILLIAM N. ILNISKY

PD

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date