

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001267

FILED  
Apr 18, 2006  
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:**

LUE, SANDI MISS  
854 CONNISTON ROAD  
WEST PALM BEACH, FL 33405 US

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: SANDI LUE

04/18/2006

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

Title: SD (X) 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 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: WILLIAM ILNISKY

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date