


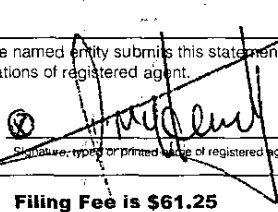
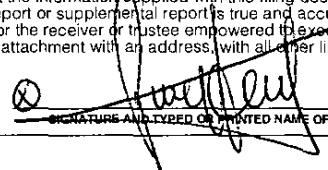
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90002 001 ****61.25

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DOCUMENT # N01000003853					
1. Entity Name OPERATION AFRICA, INC.					
Principal Place of Business 8750 PERIMETER PK BLVD JACKSONVILLE, FL 32216-6347			Mailing Address 8750 PERIMETER PK BLVD JACKSONVILLE, FL 32216-6347		
2. Principal Place of Business 1102 Blue Heron Ln., W.			3. Mailing Address 1102 Blue Heron Ln. W.		
Suite, Apt. #, etc.:			Suite, Apt. #, etc.:		
City & State Jacksonville Beach, FL			City & State Jacksonville Beach, FL		
Zip 32250		Country USA		4. FEI Number 59-3721904	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MCHENDRY, PETER 8750 PERIMETER PK BLVD JACKSONVILLE, FL 32216-6347				7. Name and Address of New Registered Agent Name McHendry, Peter Street Address (P.O. Box Number is Not Acceptable) 1102 Blue Heron Lane W. City Jacksonville Beach, FL Zip Code 32250	
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 				DATE 8-2-04	
Filing Fee is \$61.25 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCHENDRY, PETER		NAME		
STREET ADDRESS	11562 N TREASURY CIR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PELHAM, ANN		NAME		
STREET ADDRESS	74 KRANTZVIEW ROAD		STREET ADDRESS		
CITY-ST-ZIP	FLOOF, NATAL SOUTH AFRICA, SA 3610		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VOKER, GUNTER		NAME		
STREET ADDRESS	UNIT 1, 25 KRANTZVIEW ROAD		STREET ADDRESS		
CITY-ST-ZIP	KLOOF, NATAL, SOUTH AFRICA, SA 3610		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE 8-2-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	