2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# N02000001598

Entity Name: USA/AFRICA INSTITUTE, INC.

Current Principal Place of Business:

215 S MONROE ST
SUITE 835
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

215 S MONROE ST
SUITE 835
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 01-0624598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARRIS, PETER
215 S MONROE ST
SUITE 835
TALLAHASSEE, FL 32301 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:	TD	( ) Delete
Name:	MEADOWS, MATTHEW	
Address:	215 S MONROE ST, STE 835	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	PD	( ) Delete
Name:	ELAM, DONNA	
Address:	215 S MONROE ST	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	SD	( ) Delete
Name:	GIANINI, ELIZABETH	
Address:	215 SOUTH MONROE STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	

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 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: DONNA ELAM PD 06/15/2009

Electronic Signature of Signing Officer or Director — Date