

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90529 002 ****70.00

DOCUMENT # N02000006042 1. Entity Name EDUCATE AFRICA TOTALLY, INC.					
Principal Place of Business 510 GRAPEFRUIT AVE., #13A SEBRING, FL 33870			Mailing Address 510 GRAPEFRUIT AVE., #13A SEBRING, FL 33870		
2. Principal Place of Business 3861 NW 4th Place Suite, Apt. #, etc.		3. Mailing Address 1211 SW 21st Street Suite, Apt. #, etc. Suite 304			
City & State Fort Lauderdale, Florida Zip 33311		City & State Penndleton, Oregon Zip 97801		4. FEI Number 30-0105574 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04042004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent NUHU, ALBERT D 510 GRAPEFRUIT AVE., #13A SEBRING, FL 33870			7. Name and Address of New Registered Agent Name Idella Muldrow-Florence Street Address (P.O. Box Number is Not Acceptable) 3861 NW 4th Place City Fort Lauderdale FL Zip Code 33311		
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 4/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO NUHU, ALBERT D 510 GRAPEFRUIT AVE., #13A SEBRING, FL 33870	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ALBERT DARAMANU NUHU 1211 SW 21st Street, #304 Penndleton, Oregon 97801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAILBERT IDDI, SEIDU PLOT NO 1011 RICE CITY GUMANI-TAMALE, GHANA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Idella Muldrow-Florence 3861 NW 4th Place Fort Lauderdale, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IDDI, TAKALPEWURA A HOUSE NO. 305 MARKET ST, BOLE, GHANA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Dr. Kathleen M. Sharp 6860 Highland Place Worthington, Ohio 43085	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, PATRICIA 800 N FISKE BLVD #110 COCOA, FL 32922	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Dr. Sandra Ross House No. 36, First Exhibition Road Flat No. 3, Elliot Block Dansonman - Accra, Ghana	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD EWURA, AHMED 510 FLAT #88, LAMESHEIGH TAMALE, GHANA,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Sulemana Issifu House # C17 Yelwa - Bole, GHANA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, MARTHA L 3461 SW 59TH COURT FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete			
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 an other like empowered.					
SIGNATURE: ALBERT D. NUHU 04/14/04 541-276-9104 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					