


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90253 046 \*\*\*\*62.00

**DOCUMENT # N03000001078**

1. Entity Name  
**AFRICA AIDS EDUCATION AND PREVENTION ORGANIZATION - SIERRA LEONE PROJECT, INC.**



Principal Place of Business  
**4664 COPPER LANE  
 PLANT CITY, FL 33567**

Mailing Address  
**P.O. BOX 82074  
 TAMPA, FL 33682**



2. Principal Place of Business *SAME* 3. Mailing Address *SAME*

Suite, Apt. #, etc. *SAME* Suite, Apt. #, etc. *SAME*

City & State City & State

Zip *SAME* Country Country

04262004 Chg-NP CR2E037 (10/03)

4. FEI Number **30-0155495** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LAMBOI, S. ERIC ESQ.  
 4664 COPPER LANE  
 PLANT CITY, FL 33567**

**7. Name and Address of New Registered Agent**

Name *NONE (SAME)*

Street Address (P.O. Box Number is Not Acceptable)

City *SAME* State **FL** Zip Code

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 *SANGOI E. Lamboi Secretary* *SANGOI E. Lamboi Secretary (Presided CEO)* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to  
 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LAMBOI, SANGOI E 4664 COPPER LANE PLANT CITY, FL 33567 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBOI, SANGOI E 4664 COPPER LANE PLANT CITY, FL 33567 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LENGAB, JONATHAN DR. 4457 N. CAMPBELL AVE. INDIANAPOLIS, IN 46226 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, NOEL B 7614 N. TREE CLUB DR. LAKE WORTH, FL 33467 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAKE, NYANBE 2323 N. WOODLAWN #102 WICHITA, KS <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FAVORS, JOHNNIE N 2615 26TH AVE. EAST TAMPA, FL 33605 <input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>NONE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>NONE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>NONE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>NONE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>NONE</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>NONE</i>

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 information.

SIGNATURE: *SANGOI E. Lamboi / President* *SANGOI E. Lamboi / CEO* Date *4/25/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR