

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002475

FILED
Apr 20, 2004
Secretary of State

Entity Name: ALLIANCE FOR AFRICA ECONOMIC DEVELOPMENT INITIATIVE, INC.

Current Principal Place of Business:

9652 HOOD ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9652 HOOD ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 27-0051647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHONEKAN, G. BOLANLE REV.
9652 HOOD ROAD
JACKSONVILLE, FL 32257 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: CH/D () Delete
Name: SHONEKAN, G. BOLANLE REV.
Address: 9652 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: T/D () Delete
Name: TROXEL, WALTER V MR.
Address: 2660 HOLCOMB BRIDGE ROAD
City-St-Zip: ALPHARETTA, GA 30022 US

Title: S/D () Delete
Name: JACKSON, ROBERT E MR.
Address: 13700 SUTTON PARK DRIVE NORTH (APT # 111)
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/D (X) Change () Addition
Name: TROXEL, WALTER V MR.
Address: 2650 HAZY HOLLOW RUN
City-St-Zip: ROSEWELL, GA 30076 US

Title: S/D (X) Change () Addition
Name: JACKSON, ROBERT E MR.
Address: 11 EAST FORSYTH (APT # 308)
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REV. G. BOLANLE SHONEKAN

CH/D

04/20/2004

Electronic Signature of Signing Officer or Director

Date