

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000003745

FILED
Apr 19, 2005
Secretary of State

Entity Name: AFRICA INTERNATIONAL UNIVERSITY FOUNDATION, INC.

Current Principal Place of Business:

2333 HOMESTEAD TERRACE NORTH
PALM HARBOR, FL 34683

New Principal Place of Business:

13511 PRESTWICK DR
RIVERVIEW, FL 33569

Current Mailing Address:

2333 HOMESTEAD TERRACE NORTH
PALM HARBOR, FL 34683

New Mailing Address:

13511 PRESTWICK DR
RIVERVIEW, FL 33569

FEI Number: 20-2700393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

DAPKO, JENNIFER
2333 HOMESTEAD TERRACE NORTH
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

ACKEY, DODE A
13511 PRESTWICK DR
RIVERVIEW, FL 33569 US

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: DODE A ACKEY

04/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAPKO, JENNIFER
Address: 2333 HOMESTEAD TERRACE NORTH
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: ACKEY, DODE
Address: 13511 PRESTWICK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: D (X) Delete
Name: BARAGE, FLORENCE
Address: 308 BELLE TERRE AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ACKEY, DODE A
Address: 13511 PRESTWICK DR
City-St-Zip: RIVERVIEW, FL 33569 US

Title: D (X) Change () Addition
Name: OKOGBAA, GEOFFREY
Address: 4202 E FOWLER AVENUE
City-St-Zip: TAMPA, FL 33620 US

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

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: DODE A ACKEY

D

04/19/2005

Electronic Signature of Signing Officer or Director

Date