

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003745

FILED  
Feb 23, 2008  
Secretary of State

**Entity Name:** AFRICA INTERNATIONAL UNIVERSITY FOUNDATION, INC.

**Current Principal Place of Business:**

4602 ASHBURN SQUARE DRIVE  
TAMPA, FL 33610

**New Principal Place of Business:**

5309 TECHNOLOGY DRIVE  
TAMPA, FL 33647

**Current Mailing Address:**

4602 ASHBURN SQUARE DRIVE  
TAMPA, FL 33610

**New Mailing Address:**

5309 TECHNOLOGY DRIVE  
TAMPA, FL 33647

**FEI Number:** 20-2700393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ACKEY, DODE A  
4602 ASHBURN SQUARE DRIVE  
TAMPA, FL 33610 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: DIRE ( ) Delete  
Name: LOCANDER, WILLIAM B PH.D.  
Address: 12542 MISSION HILLS CIRCLE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DIRE ( ) Delete  
Name: OKOGBAA, GEOFFREY PH.D.  
Address: 4202 E FOWLER AVENUE  
City-St-Zip: TAMPA, FL 33620 US

Title: DIRE ( ) Delete  
Name: PRESCOTT, LINDA PH.D.  
Address: 3402 AMBERJACK DRIVE  
City-St-Zip: HERNANDO BEACH, FL 34607

Title: DIRE ( ) Delete  
Name: LAMB, BOB  
Address: 16020 WYNDOVER ROAD  
City-St-Zip: TAMPA, FL 33647

Title: DIRE ( ) Delete  
Name: LAMB, DIANE  
Address: 16020 WYNDOVER ROAD  
City-St-Zip: TAMPA, FL 33647

Title: DIRE ( ) Delete  
Name: BOLINT, ELIZABETH J.D.  
Address: 2705 WEST LEILA AVENUE  
City-St-Zip: TAMPA, FL 33611

**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:

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: DODE ACKEY

DIRE

02/23/2008

Electronic Signature of Signing Officer or Director

Date