2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N03000003745

Entity Name: AFRICA INTERNATIONAL UNIVERSITY FOUNDATION, INC.

Current Principal Place of Business:

5309 TECHNOLOGY DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

5309 TECHNOLOGY DRIVE
TAMPA, FL 33647

New Mailing Address:

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 FOUN 01/20/2009

Electronic Signature of Signing Officer or Director — Date