


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000010825 1. Entity Name WEST AFRICAN CHILDREN'S LIFELINE, INC.	
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Principal Place of Business 245 LAURENT CT LEHIGH ACRES, FL 33936	Mailing Address 245 LAURENT CT LEHIGH ACRES, FL 33936
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 30-0222898	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HILLARD, WALLACE J 2610 BULRUSH LN NAPLES, FL 34105
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLIARD, WALLACE J. 2610 BULRUSH LANE NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISON, LEO 100 AVIATION DR., #202 NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, WINSTON 245 LAURENT CT LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASAH, WILLIAM 2931 SW FIRST ST NE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRUEHAN, MARK 5831 CINTANO CT NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM 7822 GARDNER DR. NAPLES, FL 34109

U00000175867
01/10/05-80066-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: *Leo Morrison* *Leo Morrison Vice Pres.* 1-4-2005 1-234-443-8321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #