

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010825

FILED  
Jun 19, 2006  
Secretary of State

**Entity Name:** WEST AFRICAN CHILDREN'S LIFELINE, INC.

**Current Principal Place of Business:**

245 LAURENT CT  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

245 LAURENT CT  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 30-0222898      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

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

HILLARD, WALLACE J  
2610 BULRUSH LN  
NAPLES, FL 34105 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HILLIARD, WALLACE J  
Address: 2610 BULRUSH LANE  
City-St-Zip: NAPLES, FL 34105

Title: VD ( ) Delete  
Name: MORRISON, LEO  
Address: 100 AVIATION DR., #202  
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete  
Name: WHITE, WINSTON  
Address: 245 LAURENT CT  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: TD ( ) Delete  
Name: BASAH, WILLIAM  
Address: 2931 SW FIRST ST NE  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: FRUEHAN, MARK  
Address: 5831 CINTANO CT  
City-St-Zip: NAPLES, FL 34119

Title: D ( ) Delete  
Name: SMITH, WILLIAM  
Address: 7822 GARDNER DR.  
City-St-Zip: NAPLES, FL 34109

**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 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: LEO MORRISON

VD

06/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date