

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010825

FILED
Jan 29, 2009
Secretary of State

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

Current Principal Place of Business:

10029 HEATHER COURT
601
NAPLES, FL 34119 US

New Principal Place of Business:

4565 WILSON BLVD. NORTH
NAPLES, FL 34120 US

Current Mailing Address:

10029 HEATHER COURT
601
NAPLES, FL 34119 US

New Mailing Address:

4565 WILSON BLVD. NORTH
NAPLES, FL 34120 US

FEI Number: 30-0222898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLARD, WALLACE J
10029 HEATHER COURT
601
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

HILLARD, WALLACE J
4565 WILSON BLVD. NORTH
NAPLES, FL 34120 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: WALLACE J HILLIARD

01/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILLIARD, WALLACE J
Address: 10029 HEATHER COURT #601
City-St-Zip: NAPLES, FL 34119 US

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

Title: SD () Delete
Name: WHITE, WINSTON
Address: 3704 MARTHA LANE NORTH
City-St-Zip: WILSON, NC 27896 US

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: PD (X) Change () Addition
Name: HILLIARD, WALLACE J
Address: 4565 WILSON BLVD. NORTH
City-St-Zip: NAPLES, FL 34120 US

Title: VD (X) Change () Addition
Name: MORRISON, LEO
Address: 4851 TAMiami TRAIL NORTH #302
City-St-Zip: NAPLES, FL 34103 US

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: WALLACE J HILLIARD

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date