2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005
Secretary of State

DOCUMENT# N04000003802

Entity Name: KENNETH KAUNDA FOUNDATION FOR THE PREVENTION OF AIDS, INC.

Current Principal Place of Business:

353 CROSSROAD LAKES DRIVE
PONTE VEDRA, FL 32082

New Principal Place of Business:

Current Mailing Address:

PO BOX 2345
PONTE VEDRA, FL 32004

New Mailing Address:

FEI Number: 61-1469634 **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:

GOODALL, HARRISON M JR
353 CROSSROAD LAKES DRIVE
PONTE VEDRA, FL 32082 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: D ( ) Delete
Name: GOODALL, HARRISON M JR
Address: 353 CROSSROAD LAKES DRIVE
City-St-Zip: PONTE VEDRA, FL 32082

Title: D ( ) Delete
Name: KAUNDA, KENNETH DAVID
Address: 21-A SERVAL ROAD
City-St-Zip: KABULONGA LUSAKA ZAMBIA,

Title: D ( ) Delete
Name: SIKAZWE, EMILY
Address: 21-A SERVAL ROAD
City-St-Zip: KABULONGA LUSAKA ZAMBIA,

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARRISON GOODALL D 08/03/2005

Electronic Signature of Signing Officer or Director — Date