


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000004307
 1. Entity Name
ZULU AFRICAN HIV-AIDS EDUCATION FUNDATION, INC.



Principal Place of Business Mailing Address
 8750 PERIMETER PARK BLVD 8750 PERIMETER PARK BLVD
 JACKSONVILLE, FL 32216-6347 JACKSONVILLE, FL 32216-6347

DO NOT WRITE IN THIS SPACE



04282006 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 76-0755823 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GRABAU, CALVIN
 8750 PERIMETER PARK BLVD
 JACKSONVILLE, FL 32216-6347

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRABAU, CALVIN
STREET ADDRESS	2361 CORTEZ RD
CITY - ST - ZIP	JACKSONVILLE, FL 32246
TITLE	V
NAME	HENDERSON, ROGER
STREET ADDRESS	1293 BRIGHTON RIDGE CT
CITY - ST - ZIP	JACKSONVILLE, FL 32218
TITLE	T
NAME	SIMONIC, NICHOLAS T
STREET ADDRESS	8750 PERIMETER PARK BLVD
CITY - ST - ZIP	JACKSONVILLE, FL 322166347
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000549979
 05/13/06-80043-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: N.T. Simonic, Director N.T. Simonic 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-928-1040