


# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1174

DOCUMENT # N04000007918		
1. Entity Name WOTCLEF USA, INC.		

Principal Place of Business 925 HAWTHORNE STREET A TALLAHASSEE, FL 32308 US	Mailing Address 925 HAWTHORNE STREET A TALLAHASSEE, FL 32308 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
05 OCT 10 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10102005 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent  NZERIBE, TONY H 925 HAWTHORNE STREET TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2006, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> NOWAK, BARBARA DR. 301 WARE-RHANEY BUILDING TALLAHASSEE, FL 32307 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900060580609</b> 10/13/05--01053--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> LEWIS, HENRY DR 301 WARE-RHANEY BUILDING TALLAHASSEE, FL 32307 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATED 10/13/05</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> FOOTE, MELVIN P 2400 N. STREET NW, SUITE 510 WASHINGTON, DC 20037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>T. Roberts OCT 10 2005</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> SCOTT, JEANNINE B AFRICARE HOUSE, 440 R STREET, NW WASHINGTON, DC 20001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> OKEKE, MARIA DR RM 206, GAITHER OFFICE COMPLEX TALLAHASSEE, FL 323076100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> OKEREKE, NDI OYUIKE DR 508 CONCORD ROAD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tony Nzeribe Executive Director 10/10/05 878-445A  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

13 2 94

**WOTCLEF USA, Inc. BOARD MEMBERS**  
**EIN: 34- 20111043**

**Her Excellency Chief (Mrs.) Amina Titi Atiku Abubakar, Chair**

Initiator and Founder of WOTCLEF

925-A Hawthorne Street

Tallahassee, FL 32308

(President)

**Dr. Barbara Nowak, Vice Chair**

Director of the Master of Social Work (MSW) program

Florida A&M University

301 Ware-Rhaney Building

Tallahassee, FL 32307-3500

Telephone (850) 561-2251

(Vice President)

**Dr. Maria Uzo Okeke, Secretary**

Associate Professor

Department of Health and Allied Sciences

Florida Agricultural & Mechanical University (FAMU)

Room 206, Gaither Office Complex

Tallahassee, FL 32307-6100

Telephone (850) 561-2773

Director

**Mr Peter Okocha, Treasurer**

115 North Harbor

Chicago, Illinois 60601

Telephone (312) 953-2764

Director

**Dr. Sharon Ames-Dennard, Parliamentarian**

Owner/Director of Sakkara Youth Institute

1209 Paul Russell Road

Tallahassee, FL 32301-0323

Director

**Ambassador Judith Attah**

Minister of Women's Affairs and Social Welfare

PO Box 78

Federal Capital Territory

Abuja, Nigeria

**Dr. Henry Lewis III**

College of Pharmacy and Pharmaceutical Sciences

Florida A&M University (FAMU)

333 New Pharmacy Building

Director

11 3 84

Tallahassee, FL 32307-3800  
Telephone (850) 599-3301

**Dr. Christine Warnke**

Governmental Affairs Advisor  
Hogan & Hartson LLP  
Columbia Square  
555 Thirteenth Street, NW  
Washington, DC 20004  
Telephone (202) 637-5645

Director

**Jeannine B. Scott**

Vice President  
Africare  
Africare House, 440 R Street, NW.  
Washington, DC 20001  
Telephone (202) 462-3614

Director

**Dr Ndi Oyuike Okereke**

914 Hawthorne Street  
Tallahassee, Florida 32308  
Telephone (850) 656-8063

Director

**Ambassador Howard F. Jetter**

1900 K Street NW  
Suite 1050  
Washington, DC 20006-1110  
Telephone (202) 736-2154

Director

**Jackie Faris**

705 Crossway Road  
Tallahassee, Florida 32308  
Telephone (850) 322-4541

Director

✓ **Tony Nzeribe, Executive Director**

925-A Hawthorne Street  
Tallahassee, Florida 32308  
Telephone (850) 878-4872

RE: WOTCLEF U.S.A, Inc.

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EIN: 34-20111043

Dear Madam:

This letter is to inform you that we did not receive any "returned" packet regarding Wotclef U.S.A. —

Regards

Tony Nzeribe  
Executive Director.

