

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009447

FILED
Mar 18, 2005
Secretary of State

Entity Name: THE AFRICAN PIONEERS INCORPORATED

Current Principal Place of Business:

3208 SOCORRO AVENUE
ORLANDO, FL 328298543

New Principal Place of Business:

Current Mailing Address:

2212 SOUTH CHICKASAW TRAIL PMB #177
ORLANDO, FL 32825

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MIESSE, DAVID E
3208 SOCORRO AVENUE
ORLANDO, FL 328298543 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: C () Delete
Name: MOLINARI, WILLIAM MR.
Address: 4N995 GRANDMA LANE SOUTH
City-St-Zip: SAINT CHARLES, IL 601754730

Title: C () Delete
Name: MIESSE, DAVID E MR.
Address: 3208 SOCORRO AVENUE
City-St-Zip: ORLANDO, FL 328298543

Title: EXD () Delete
Name: ARYEETEEY, SOLOMON DR.
Address: POST OFFICE BOX CT 394
City-St-Zip: ACCRA, GHANA, AFRICA,

Title: D () Delete
Name: SPITTERS, DENNIS REV.
Address: 14100 CHEVAL VINEYARD WAY #105
City-St-Zip: ORLANDO, FL 328287653

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:

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: DAVID E MIESSE

RA

03/18/2005

Electronic Signature of Signing Officer or Director

Date