

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011059

FILED
Apr 13, 2008
Secretary of State

Entity Name: AFRICAN BOOK PROJECT, INC.

Current Principal Place of Business:

1300 COLLEGE POINT
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2459
WINTER PARK, FL 32790 US

New Mailing Address:

FEI Number: 20-1947702

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRITZ, WALTER R
1300 COLLEGE POINT
WINTER PARK, FL 32789 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: P () Delete
Name: FRITZ, WALTER R
Address: PO BOX 2459
City-St-Zip: WINTER PARK, FK 32790 US

Title: V () Delete
Name: FRITZ, SUZANNE B
Address: PO BOX 2459
City-St-Zip: WINTER PARK, FL 32790 US

Title: S () Delete
Name: FRITZ, DAVID R
Address: 1506 HEECHEE NENE
City-St-Zip: TALLAHASSEE, FL 323014729 US

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 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: WALTER R FRITZ

PRES

04/13/2008

Electronic Signature of Signing Officer or Director

Date