

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012488

FILED
Apr 14, 2009
Secretary of State

Entity Name: GOOD HOPE AFRICA INC.

Current Principal Place of Business:

20040 NW 65TH AVE
MCINTOSH, FL 32664

New Principal Place of Business:

Current Mailing Address:

P.O. BOX D
MCINTOSH, FL 32664

New Mailing Address:

FEI Number: 43-2093381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REXRODE, ELAYNA K
20040 NW 65TH AVE
MCINTOSH, FL 32664 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: PSD () Delete
Name: REXRODE, ELAYNA K
Address: 20040 NW 65TH AVE
City-St-Zip: MCINTOSH, FL 32664

Title: VD () Delete
Name: TULLY, STEVEN
Address: 3320 NW 28TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: DOUGLAS, LORA
Address: 8202 SW COUNTRY ROAD 18
City-St-Zip: HAMPTON, FL 32044

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: ELAYNA K. REXRODE

PSD

04/14/2009

Electronic Signature of Signing Officer or Director

Date