## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000004662

FILED Jul 22, 2009 Secretary of State

Entity Na	me: DAVID & JANIS BETZER - AFRICA	OUTREACH, INC.
Current Principal Place of Business:		New Principal Place of Business:
6901 HARBOR LANE FORT MYERS, FL 33909  Current Mailing Address:  P.O. BOX 61106 FT. MYERS, FL 33906  FEI Number: 26-0430259 FEI Number Applied For ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not Name and Address of Current Registered Agent:  BETZER, DARLENE 6901 HARBOR LANE FORT MYERS, FL 33909 US  The above named entity submits this statement for the puin the State of Florida.  SIGNATURE: DAVID BETZER	New Mailing Address:	
	of HARBOR LANE RT MYERS, FL 33909  rrent Mailing Address:  D. BOX 61106 MYERS, FL 33906  Number: 26-0430259 FEI Number Applied For ( ) FEI Number and Address of Current Registered Agent:  TZER, DARLENE DI HARBOR LANE RT MYERS, FL 33909 US  Re above named entity submits this statement for the purpose the State of Florida.  SNATURE: DAVID BETZER  Electronic Signature of Registered Agent  FICERS AND DIRECTORS:  PD ( ) Delete  BETZER, DAVID  PRESS: P.O. BOX 61106 -St-Zip: FORT MYERS, FL 33906  STD ( ) Delete  BETZER, JANIS  PO. BOX 61106 -St-Zip: FORT MYERS, FL 33906  STD ( ) Delete  BETZER, JANIS  PO. BOX 61106 -St-Zip: FORT MYERS, FL 33906  STD ( ) Delete  BETZER, JANIS  PO. BOX 61106 -St-Zip: FORT MYERS, FL 33906  STD ( ) Delete  BETZER, JANIS  PO. BOX 61106 -St-Zip: FORT MYERS, FL 33906  STD ( ) Delete  BETZER, JANIS  PO. BOX 61106 -St-Zip: FORT MYERS, FL 33906  STD ( ) Delete  BETZER, JANIS  PO. BOX 61106 -St-Zip: FORT MYERS, FL 33906  STD ( ) Delete  BETZER, JANIS  PO. BOX 61106 -ST-Zip: FORT MYERS, FL 33906	
		lid not receive the prior notice.
Name and	l Address of Current Registered Agen	t: Name and Address of New Registered Agent:
6901 HARBOR LANE		BETZER, DAVID 4678 WEST DR. FORT MYERS, FL 33907 US
		the purpose of changing its registered office or registered agent, or bot
SIGNATURE: DAVID BETZER		07/22/2009
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	BETZER, DAVID P.O. BOX 61106	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	BETZER, DARLENE P.O. BOX 61106	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	BETZER, JANIS P.O. BOX 61106	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	_ ( ,	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Address:	5313 RAINBOW CIRCLE	Address:

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: DAVID BETZER PD 07/22/2009