

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008777

FILED
Jan 05, 2009
Secretary of State

Entity Name: AFRICAN STUDENTS' FINANCIAL AID FOUNDATION CORP

Current Principal Place of Business:

4807 COHUNE PALM COURT
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

4807 COHUNE PALM COURT
GREENACRES, FL 33463

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:

UDO-AKANG, DANIEL
4807 COHUNE PALM COURT
GREENACRES, FL 33463 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: UDO-AKANG, DANIEL USAPI
Address: 4807 COHUNE PALM COURT
City-St-Zip: GREENACRES, FL 33463

Title: VP () Delete
Name: MATTHEWS, LISA H
Address: 4807 COHUNE PALM COURT
City-St-Zip: GREENACRES, FL 33563 US

Title: CFO () Delete
Name: WILLIAM, BEDE O
Address: 4807 COHUNE PALM COURT
City-St-Zip: GREENACRES, FL 33463

Title: NA () Delete
Name: N/A, N/A N N/A
Address: N/A
City-St-Zip: N/A, NA N/A NA

Title: NA () Delete
Name: NA, NA N
Address: NA
City-St-Zip: NA, NA NA NA

Title: NA () Delete
Name: NA, NA N
Address: NA
City-St-Zip: NA, NA NA NA

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:

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: D. UDO-AKANG

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date