

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009234

**FILED**  
**Jul 29, 2010**  
**Secretary of State**

**Entity Name:** AFRICAN STUDENTS' EDUCATION FUND, INC.

**Current Principal Place of Business:**

700 CORAL WAY, APT 3  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

700 CORAL WAY, APT 3  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 27-1024266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOSTRO, LOUIS  
201 SOUTH BISCAYNE BLVD, SUITE 1600  
MIAMI, FL 33131 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:** D  
**Name:** SCHMOLLINGER, ERIK  
**Address:** 700 CORAL WAY, APT 3  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** STIEFEL, BARBARA A  
**Address:** 700 CORAL WAY, APT 3  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** D  
**Name:** ENSLEY, PENNY  
**Address:** 83 KIEL AVENUE  
**City-St-Zip:** BUTLER, NJ 07405

I hereby 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 all other like empowered.

**SIGNATURE:** BARBARA A. STIEFEL

DIR

07/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date