2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# N11000008683

Entity Name: UNITED AFRICAN AMERICAN RELIEF FOUNDATION INC.

Current Principal Place of Business:

5600 NORTH FLAGLER DRIVE
UNIT 402
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

5600 NORTH FLAGLER DRIVE
UNIT 402
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

5600 NORTH FLAGLER DRIVE
UNIT 402
WEST PALM BEACH, FL 33407 US

New Mailing Address:

5600 NORTH FLAGLER DRIVE
UNIT 402
WEST PALM BEACH, FL 33407 US

FEI Number: 16-1734984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HALL, MARSHALL T SR.,
5600 NORTH FLAGLER DRIVE
UNIT 402
WEST PALM BEACH, FL 33407 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: PCEO
Name: HALL, MARSHALL T SR.,
Address: 5600 NORTH FLAGLER DRIVE UNIT 402
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: BM
Name: MARIAN, NOREEN
Address: 5600 NORTH FLAGLER DRIVE UNIT 402
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: BM
Name: HALL, MARSHALL JR.,
Address: 5600 NORTH FLAGLER DRIVE UNIT 402
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: BM
Name: BETTIS, CARLES
Address: 5600 NORTH FLAGLER DRIVE UNIT 402
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: BM
Name: HALL, PETRA
Address: 5600 NORTH FLAGLER DRIVE UNIT 402
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: BM
Name: MURPHY, DAN
Address: 5600 NORTH FLAGLER DRIVE UNIT 402
City-St-Zip: WEST PALM BEACH, FL 33407 US

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: MARSHALL T. HALL SR., PCEO 01/06/2012

Electronic Signature of Signing Officer or Director Date