

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003167

FILED
Apr 24, 2007
Secretary of State

Entity Name: INDIGENOUS FAITH OF AFRICA, INC.

Current Principal Place of Business:

166 NW 48 ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

166 NW 48 ST
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0682675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALUKO, ADEDOJA E CHIEF
166 NW 48 ST
MIAMI, FL 33127 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 () Delete
Name: TEQUILA, HOWARD
Address: 166 NW 48TH STREET
City-St-Zip: MIAMI, FL 33127

Title: P () Delete
Name: ALUKO, ADEDOJA E CHIEF
Address: 166 NW 48TH ST
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: JESSICA, ALARCON
Address: 116NW 48TH ST
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: SMITH, DARRYL
Address: RTE 3 BOX 3163 C-15
City-St-Zip: TOWNSEND, GA 31331

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: D (X) Change () Addition
Name: CLIFFORD, CHARLES
Address: 3710 SW 52 ND AVE. APT 107
City-St-Zip: DAVIE, FL 33324

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: CHIEF ADEDOJA ALUKO

PRES

04/24/2007

Electronic Signature of Signing Officer or Director

Date