## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9600003878

U.S.-AFRICA FREE ENTERPRISE EDUCATION FOUNDATION , INC.

Principal Place of Business 400 NORTH TAMPA STREET **SUITE 1120** TAMPA FL 33602

2. Principal Place of Business

Mailing Address

2a. Mailing Address

400 NORTH TAMPA STREET **SUITE 1120** TAMPA FL 33602

## **FILED** Feb 09, 1999 8:00am } Secretary of State 02-09-1999 90016 018 \*\*\*\*61.25



3. Date Incorporated or Qualifed

21		26			07/24/1996	٠				
Suite, Apt.	uite, Apt. #, etc. Suite, Apt.		. #, etc.		4. FEI Number	1 .	Ap	plied For	1	
22	27				59-3398403		≫ No	t Applicable	1	
City & Sta	City & State City & State				5. Certifcate of Status Desired		\$8.75 △	dditional	1-	
23	28				o. Certificate of Status Desired		Fee Re	quired		
Zip	Country Zip				6. Election Campaign Financing		\$5.00	Mav Be	1	
24					Trust Fund Contribution		Added to			
Name and Address of Current Registered Agent					10. Name and Address of New	Registered A	gent		]	
				81 Name						
INTRASTATE REGISTERED AGENT CORPORATION				82 Street Address (P.O. Box Number is Not Acceptable)						
701 BRICKELL AVENUE										
SUITE 3000										
MIAMI FL 33131				City			Te-1 3/- 0			
The state of the s				City		FL	85 Zip C	ode	ŀ	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized the office of the state of Florida.				-named corpo	ration submits this statement for the	purpose of c	hanging its	registered	Ì	
omice or i	egistered agent, or both, in the State of limiting state of limiting the obligation familiar with, and accept the obligation	riorida. Such chande was auti	norized by i	the comoration	's board of directors. I hereby acce	pt the appoint	ment as reg	istered	İ	
SIGNATURE	,,				,			26173: 341	İ	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Re	egistered Agent	signature required v	when reinstating)	DATE		<del></del>	; ا	
12.	OFFICERS AND DIRECTORS 1				ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12	3	
TITLE	D	☐ DELETE	1.1 TITLE		15	3	Change	☐ Addition	3	
NAME	GABREMARIAM, FASSIL		1.2 NAME						1	
STREET ADDRESS	400 NORTH TAMPA STREET SUIT	E 1120	1.3 STREET	ADORESS	१७ कर्ड १ 🐧				1 8	
CITY-ST-ZIP	TAMPA FL 33602		1.4 CITY-ST	-ZIP					3	
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition	1	
NAME	MCBRIDE, BILL		2.2 NAME	1			_ •	7 :	l	
STREET ADDRESS	400 NORTH ASHLEY DR., SUITE :	2300	2.3 STREET	ADDRESS					1	
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST	1	تنتي سيندر سيندر مرسيد السيدات			=-=-در باسب		
TITLE	D	☐ DELETE	3.1 TITLE				☐ Change	Addition		
NAME:	STARKEY, WILLIAM		3.2 NAME				_ •	_	l	
STREET ADDRESS			3.3 STREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL 33629		3.4. CITY-ST							
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition		
NAME		•	4, 2 NAME			'	9-			
STREET ADDRESS			4.3 STREET	ADORESS			41 · · · · · · · · · · · · · · · · · · ·	3		
CITY-ST-ZIP			4.4 CITY-ST-				医医骨髓			
TITLE		☐ DELETE	5.1 TITLE	AF .		4.4	☐ Change	☐ Addition		
NAME		<del></del>	5.2 NAME			·				
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP	14 4		5.4 CITY-ST-	1	. C					
TITLE	€ d	☐ DELETE	6.1 TITLE	<b>₩</b>		1	Chonge	☐ Addition		
NAME		□ DECETE	6.2 NAME			l	☐ Change	☐ Addition		
	421			1000500						
STREET ADDRESS	-		6.3 STREET A					'		
CITY-ST-ZIP	with the state of	to filtre at	6.4 CITY-ST-	ZIP						

qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: