

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003878	
1. Entity Name U.S.-AFRICA FREE ENTERPRISE EDUCATION FOUNDATION, INC.	

Principal Place of Business 5016 GUNN HWY TAMPA, FL 33624	Mailing Address 5016 GUNN HWY TAMPA, FL 33624
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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3398403	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GABREMARIAM, FASSILL 5016 GUNN HWY TAMPA, FL 33624	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		U00000235890 02/19/05-50023-017 61.25 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GABREMARIAM, FASSIL 5016 GUNN HWY TAMPA, FL 33624	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORDAN, RUDOLPH D 5016 GUNN HWY TAMPA, FL 33624	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: <u>Fassil Gabremariam</u>	<u>Fassil Gabremariam</u>	Date <u>1-10-05</u>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			