

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000411

FILED
Jan 20, 2009
Secretary of State

Entity Name: PARTNERSHIP FOR AMERICAN-AFRICAN DEVELOPMENT, INC.

Current Principal Place of Business:

6138 BURHLEY COURT
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6138 BURHLEY COURT
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 59-3405567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, MARTHA
6138 BURHLEY COURT
ORLANDO, FL 32809 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: PD () Delete
Name: BROWN, MARTHA R
Address: 6138 BURHLEY CT
City-St-Zip: ORLANDO, FL 32809

Title: VPD () Delete
Name: MOORE, LOWELL E
Address: 22386 MOREA WY
City-St-Zip: WOODLAND HILL, CA 22386

Title: DST () Delete
Name: MOORE, DENISE D
Address: 218 SO LIME AVE
City-St-Zip: ORLANDO, FL 32805

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:

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: MARTHA R. BROWN

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date