

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000099551

FILED
Apr 30, 2009
Secretary of State

Entity Name: HEALTH OUTREACH AFRICA, INC.

Current Principal Place of Business:

3549 ALMAR ROAD
LAKE WORTH, FL 33461

New Principal Place of Business:

1323 S.W 21ST TR.
DELRAY BEACH, FL 33445

Current Mailing Address:

3549 ALMAR ROAD
LAKE WORTH, FL 33461

New Mailing Address:

1323 S. W. 21ST TR.
DELRAY BEACH, FL 33445

FEI Number: 80-0303528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, SANDRA
3549 ALMAR ROAD
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

HALL, SANDRA
1323 S. W. 21ST TR
DELRAY BEACH, FL 33445 US

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: SANDRA HALL

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEBRA, KWASI A
Address: 5761 RIDGE VIEW DRIVE
City-St-Zip: ALEXANDRIA, VA 22310

Title: D () Delete
Name: HALL, SANDRA
Address: 3549 ALMAR ROAD
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: DELLE, SANGU
Address: 100 QUINCY MAIL CENTER
City-St-Zip: CAMBRIDGE, MA 02138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HALL, SANDRA
Address: 1323 S.W. 21ST TR.
City-St-Zip: DELRAY BEACH, FL 33445

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA HALL

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date