

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29234

FILED
Mar 30, 2007
Secretary of State

Entity Name: AFRICARE, INC.

Current Principal Place of Business:

440 R STREET NW
WASHINGTON, DC 20001

New Principal Place of Business:

Current Mailing Address:

440 R STREET NW
WASHINGTON, DC 20001

New Mailing Address:

FEI Number: 23-7116952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: P () Delete
Name: COLES, JULIUS E
Address: 440 R STREET N W
City-St-Zip: WASHINGTON, DC 20001

Title: SVP () Delete
Name: SCOTT, JEANNINE B
Address: 440 R STREET N W
City-St-Zip: WASHINGTON, DC 20001

Title: VP () Delete
Name: CAMPBELL, JOHN D
Address: 440 R STREET NW
City-St-Zip: WASHINGTON, DC 20001

Title: D () Delete
Name: FOUNTAIN, FRANK
Address: 440 R STREET NW
City-St-Zip: WASHINGTON, DC 20001

Title: D () Delete
Name: KENNEDY, JOSEPH C PHD
Address: 440 R STREET NW
City-St-Zip: WASHINGTON, DC 20001

Title: D () Delete
Name: DICKSON-HORTON, VALERIE L
Address: 440 R STREET NW
City-St-Zip: WASHINGTON, DC 20001

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: () 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 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: JOHN CAMPBELL

CFO

03/30/2007

Electronic Signature of Signing Officer or Director

Date