

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29234

FILED
Apr 06, 2012
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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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
Name: MANS, DARIUS
Address: 440 R STREET N W
City-St-Zip: WASHINGTON, DC 20001

Title: CFO
Name: CAMPBELL, JOHN
Address: 440 R STREET N W
City-St-Zip: WASHINGTON, DC 20001

Title: T/D
Name: MCKINZIE, BARBARA A
Address: 440 R STREET NW
City-St-Zip: WASHINGTON, DC 20001

Title: C/D
Name: FOUNTAIN, FRANK
Address: 440 R STREET NW
City-St-Zip: WASHINGTON, DC 20001

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

Title: VC/D
Name: BAILEY, LARRY
Address: 440 R STREET NW
City-St-Zip: WASHINGTON, DC 20001

I hereby 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 all other like empowered.

SIGNATURE: JOHN CAMPBELL

CFO

04/06/2012

Electronic Signature of Signing Officer or Director

Date