## 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P29234

Entity Name: AFRICARE, INC.

FILED Sep 24, 2014 Secretary of State

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

440 R STREET NW

WASHINGTON, DC 20001

**Current Mailing Address: New Mailing Address:** 

440 R STREET NW WASHINGTON, DC 20001

FEI Number: 23-7116952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC

NRAI SERVICES, INC. 515 E. PARK AVENUE 1200 SOUTH PINE ISLAND ROAD TALLAHASSEE, FL 32301 US PLANTATION, FL 33324

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: JULIE FAHRENBACH 09/24/2014

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

MANS, DARIUS Name: Address: 440 R STREET N W City-St-Zip: WASHINGTON, DC 20001

Title: CFO

Name: LOCKAMY, DEXTER Address: 440 R STREET N W City-St-Zip: WASHINGTON, DC 20001

Title: T/D

FRANCIS, PETER A Name: Address: 440 R STREET NW City-St-Zip: WASHINGTON, DC 20001

Title: C/D

Name: CASHIN, STEPHEN D Address: 440 R STREET NW WASHINGTON, DC 20001 City-St-Zip:

Title: S/D

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

Title: VC/D

WALKER, MARIA Name: Address: 440 R STREET NW WASHINGTON, DC 20001 City-St-Zip:

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.

**PRES** SIGNATURE: DARIUS MANS 09/24/2014