

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000001614

**Entity Name:** LOVE AFRICA FOUNDATION, INC.

**Current Principal Place of Business:**

1070 HARMONY LANE  
CLERMONT, FL 34711

**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**0720727883CC**

**Current Mailing Address:**

1508 E CAPITOL ST NE  
WASHINGTON, DC 20003 US

**FEI Number: 83-3624986**

**Certificate of Status Desired: No**

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

MARTINA, JANELLA  
1070 HARMONY LANE  
CLERMONT, FL 34711 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name EFFA, EMMANUEL DR.  
Address 1070 HARMONY LANE  
City-State-Zip: CLERMONT FL 34711

Title S  
Name MARTINA, JANELLA  
Address 1070 HARMONY LANE  
City-State-Zip: CLERMONT FL 34711

Title DIR  
Name EFFA, ELIZABETH  
Address 1070 HARMONY LANE  
City-State-Zip: CLERMONT FL 34711

Title DIR  
Name CAREY, SANDRA  
Address 1070 HARMONY LANE  
City-State-Zip: CLERMONT FL 34711

Title DIR  
Name IRONO, OGECHUKWU  
Address 1070 HARMONY LANE  
City-State-Zip: CLERMONT FL 34711

*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: DR EMMANUEL EFFA**

**PRESIDENT**

**04/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date