2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2019
Secretary of State
1379721857CC

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Entity Name: AFRICARE, INC.

Current Principal Place of Business:

440 R STREET NW
WASHINGTON, DC 20001

Current Mailing Address:

440 R STREET NW
WASHINGTON, DC 20001

FEI Number: 23-7116952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	MALLETT, ROBERT L
Address	440 R STREET N W
City-State-Zip:	WASHINGTON DC 20001

Title	TREASURER/DIRECTOR
Name	FRANCIS, PETER A
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	SECRETARY/DIRECTOR
Name	KENNEDY, JOSEPH C PHD
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	DIRECTOR
Name	BEYE, MAMADOU
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	ACTING CFO
Name	ORAM, ALISSA
Address	440 R STREET N W
City-State-Zip:	WASHINGTON DC 20001

Title	CHAIRMAN/DIRECTOR
Name	CASHIN, STEPHEN D
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	VICE CHAIRMAN/DIRECTOR
Name	WALKER, MARIA
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	DIRECTOR
Name	BRUNO, LAURETTA J
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

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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: EARLENE BARNES — CHIEF HR OFFICER — 03/11/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	ARDAYFIO, DAVID
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	DIRECTOR
Name	KRILLA, JEFFREY R
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	DIRECTOR
Name	WARD, WILLIAM
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	DIRECTOR
Name	SANDE MRLIK, SUZANNE
Address	440 R STREET, NW
City-State-Zip:	WASHINGTON DC 20001

Title	HONORARY CHAIR
Name	JOHNSON SIRLEAF, ELLEN
Address	440 R STREET, NW
City-State-Zip:	WASHINGTON DC 20001

Title	DIRECTOR
Name	EMEHELU, CHINONSO
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	DIRECTOR
Name	PITTMAN, BOBBY J
Address	440 R STREET NW
City-State-Zip:	WASHINGTON DC 20001

Title	OFFICER
Name	BARNES, EARLENE
Address	440 R STREET, NW
City-State-Zip:	WASHINGTON DC 20001

Title	DIRECTOR
Name	PORT, FRED
Address	440 R ST NW
City-State-Zip:	WASHINGTON DC 20001