## 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008232

Entity Name: APE ACTION AFRICA INC.

**Current Principal Place of Business:** 

HAINES CITY, FL 33844

205 S. DIXIE DRIVE C/O MATTHEW KRAUSE NBR 1014

# **Current Mailing Address:**

205 S. DIXIE DRIVE C/O MATTHEW KRAUSE NBR 1014 HAINES CITY, FL 33844 US

FEI Number: 76-0834562 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

KRAUSE, MATTHEW 205 S. DIXIE DRIVE 1014 HAINES CITY, FL 33844 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

**FILED** Mar 09, 2013

**Secretary of State** 

CC1690861727

#### Officer/Director Detail:

Title D	Title	D
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Name CARROLL, BRYAN Name ASHFORD, RICHARD 66 FARLEIGH RD 142 MEOLS PARADE Address Address

City-State-Zip: **BLACKWELL BRISTOL GB BS48 3P** City-State-Zip: WIRRAL MERSEYSIDE, GB CH47 6

Title Title PD

Name CARTER, STUART MADDISON, NEIL Name Address 4 VICTORIA DRIVE 24 MAYNARD TERRACE Address

City-State-Zip: WIRRAL MERSEYIDE, GB CH48 0Q City-State-Zip: **CLUTTON BRISTOL BS39 5PL** 

Title TD SD Title

MCLANEY, CAROLINE Name Name JOHNSON, MIKE

Address **GARDEN FLAT 3 WEST MALL** Address THE COPPICE TABLEY RD City-State-Zip: CLIFTON BRISTOL, GB BS8 4BH City-State-Zip: KNUTSFORD CHESHIRE, GB WA16

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: CAROLINE MCLANEY

DIRECTOR TREASURER

03/09/2013