2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000005100

Entity Name: CONGRESS FOR RENAISSANCE OF IVORY COAST POLITICAL ACTION COMMITTEE, INC.

Current Principal Place of Business:

18800 NW 2ND AVE.
SUITE 202
MIAMI GARDENS, FL 33169

New Principal Place of Business:

Current Mailing Address:

18800 NW 2ND AVE.
SUITE 202
MIAMI GARDENS, FL 33169

New Mailing Address:

FEI Number: 26-2673623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHUKWURAH, CHIAMAKA REV.
18800 NW 2ND AVE.
SUITE 204
MIAMI GARDENS, FL 33169 US

Name and Address of New Registered Agent:

CHUKWURAH, CHIAMAKA REV.
18800 NW 2ND AVE.
SUITE 202
MIAMI GARDENS, FL 33169 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: CHIAMAKA CHUKWURAH 04/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DIOMANDE, MAMADOU DR.
Address: 455 NW 210 ST, #204
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: ZOUZOUA-MARGOURET, STANLEY DR.
Address: 10711 BANFIELD DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete
Name: CHUKWURAH, CHIAMAKA REV.
Address: 18800 NW 2ND AVE.
City-St-Zip: MIAMI GARDENS, FL 33169

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DIOMANDE, MAMADOU DR.
Address: 930 SW 99TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D (X) Change ( ) Addition
Name: CHUKWURAH, CHIAMAKA REV
Address: 18800 NW 2ND AVE STE 202
City-St-Zip: MIAMI GARDENS, FL 33169

Title: D (X) Change ( ) Addition
Name: SANOGO, MAMADOU
Address: 3296 COLONY COURT #205
City-St-Zip: GREENVILLE, NC 27834

Title: D ( ) Change (X) Addition
Name: BAHI, NATHALIE
Address: 428 SOUTH BLVD
City-St-Zip: SALISBURY, MD 21801

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MAMADOU DIOMANDE D 04/30/2009
Electronic Signature of Signing Officer or Director Date