2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2024
Secretary of State
6753031189CC

DOCUMENT# N05000001452

Entity Name: LEONARD OBENG-NYARKO MINISTRIES, INC.

Current Principal Place of Business:

6689 COUNTY ROAD 315C
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

LEONARD OBENG-NYARKO MINISTRIES INC
6689 COUNTY ROAD 315C
KEYSTONE HEIGHTS , FL 32656 US

FEI Number: 20-2366333

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHIL'S ACCOUNTING & BUSINESS SERVICES INC
6299 W. SUNRISE BLVD., STE. 203
SUNRISE, FL 33313 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	OBENG-NYARKO, LEONARD
Address	6689 COUNTY ROAD 315C
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	ADMINISTRATOR /TREASURER
Name	OBENG-NYARKO, CHARISSA
Address	6689 COUNTY ROAD 315C
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	LEGAL ADVISOR/ RESOURCE MANAGER
Name	OBENG-NYARKO, MOSELLE
Address	6689 COUNTY ROAD 315C
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	ASST. TREASURER
Name	OBENG-NYARKO, LEONARD JR.
Address	6689 COUNTY ROAD 315C
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	VICE PRESIDENT
Name	OBENG-NYARKO, ELEANOR
Address	6689 COUNTY ROAD 315C
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	DIRECTOR
Name	NWIGWE, CORDELIA
Address	4344 CREEKSIDE BLVD
City-State-Zip:	KISSIMMEE FL 34746

Title	OFFICER
Name	DUTEAU, MARIO
Address	2800 NW 56TH AVE APT# E-307
City-State-Zip:	LAUDERHILL FL 33313

Title	EXECUTIVE MEMBER
Name	TOLBERT, CHARLES DR.
Address	300 E OAKLAND PARK BLVD 132
City-State-Zip:	WILTON MANORS FL 33334

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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: OBENG-NYARKO, LEONARD PRESIDENT 02/29/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	ASIRIFI-ADDO , SAMUEL
Address	2108 HEMPSTEDE DRIVE
City-State-Zip:	ZEBULON NC 27597

Title	OFFICER
Name	LOUBERT, PETAL
Address	6689 COUNTY ROAD 315C
City-State-Zip:	KEYSTONE HEIGHTS FL 32656