## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002314

Entity Name: AMERO-CONGO RELIEF FOUNDATION INC

**Current Principal Place of Business:** 

1167 NW 49TH STREET MIAMI. FL 33127

**Current Mailing Address:** 

1167 NW 49TH STREET MIAMI, FL 33127

FEI Number: 26-2328853 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KAMBA, SOKOLONI F 1167 NW 49TH STREET MIAMI, FL 33127 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 23, 2015

**Secretary of State** 

CC4815159159

Officer/Director Detail:

Title CEO Title VI

NameKAMBA, SOKOLONI FNameNKUBA, PATIENCE MAddress1167 NW 49TH STREETAddress1167 NW 49TH STREET

City-State-Zip: MIAMI FL 33127 City-State-Zip: MIAMI FL 33127

Title DIR Title DIR

Name BESTMAN, EVALINA WDR Name KABUANSEYA, JULIENNE N
Address 9230 NW 13TH COURT Address 501 NW 56TH STREET

City-State-Zip: MIAMI FL 33147 City-State-Zip: MIAMI FL 33127

Title SEC Title DIR

NameKABUANSEYA, GRACIA NNameNSEYA, PARFAIT TAddress1167 NW 49 STREETAddress1167 NW 49 STREETCity-State-Zip:MIAMI FL 33127City-State-Zip:MIAMI FL 33127

City-State-Zip: MIAMI FL 33127 City-State-Zip: MIAMI FL 3312

Title DIR

Name KABUANSEYA, SYLVA Address 1167 NW 49 STREET City-State-Zip: MIAMI FL 33127

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: SOKOLONI F KAMBA CEO / PRESIDENT 03/23/2015

Electronic Signature of Signing Officer/Director Detail

Date