

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N1000007311

**FILED**  
**Feb 21, 2018**  
**Secretary of State**  
**CC2477441953**

**Entity Name:** ANAMBRA STATE ASSOCIATION OF CENTRAL FLORIDA INC

**Current Principal Place of Business:**

16380 TUDOR GROVE DRIVE  
ORLANDO, FL 32828

**Current Mailing Address:**

728 MIRADO LANE  
PORT CHARLOTTE, FL 33948

**FEI Number:** 27-3182088

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OKONKWO, LOUIS O  
728 MIRADO LANE  
PORT CHARLOTTE, FL 33948 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:** DR LOUIS OKONKWO

02/21/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name OKAFOR, FORSTER  
Address 16380 TUDOR GROVE DRIVE  
City-State-Zip: ORLANDO FL 32828

Title VP  
Name OKONKWO, LOUIS O DR.  
Address 728 MIRADO LANE  
City-State-Zip: PORT CHARLOTTE FL 33948

Title SEC  
Name EGWUATU, UCHAY  
Address 1729 JILLIAN ROAD  
City-State-Zip: BRANDON FL 33510

Title TREA  
Name EZEGBINWA, PAUL  
Address 10061 MARSH PINE CIRCLE  
City-State-Zip: ORLANDO FL 32832

Title SOCIAL SECRETARY  
Name DIKE, VERONICA I DR.  
Address 464 WESTCHESTER HILLS LANE  
City-State-Zip: VALRICO FL 33594

Title PROVOST  
Name NWOKOLO, EMEKA DR.  
Address 2874 ALLAPATTAH DRIVE  
City-State-Zip: CLEARWATER FL 33761

Title PUBLICITY SECRETARY  
Name NWOKOYE, MIKE B  
Address 222A WEST COUNTRY LINE ROAD  
City-State-Zip: LUTZ FL 33548

Title LEGAL ADVISER  
Name OBI, CELESTINE  
Address 2005 HIGHVIEW FALL PL  
City-State-Zip: BRANDON FL 33510

*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:** PAUL C EZEGBINWA

**TREASURER**

02/21/2018

Electronic Signature of Signing Officer/Director Detail

Date