

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000004009

**Entity Name:** CAMEROONIAN ASSOCIATION OF SOUTH FLORIDA INC**Current Principal Place of Business:**5360 SW 150 TERRACE  
MIRAMAR, FL 33027**Current Mailing Address:**5360 SW 150 TERRACE  
MIRAMAR, FL 33027 US**FEI Number:** 37-1691095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NOUSSI, PERRIN SMITCH  
5360 SW 150 TERR  
MIRAMAR, FL 33027 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:** PERRIN SMITCH NOUSSI

03/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           NOUSSI, PERRIN SMITCH  
Address        133 SARONA CIR  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title            VP  
Name           CHESO, RELINDIS  
Address        1801 NE 140ST 113  
City-State-Zip: NORTH MIAMI, FL 33181

Title            SECRETARY GENERAL  
Name           NGOUEN, MAURICE  
Address        269 NW 7TH ST  
                 220  
City-State-Zip: MIAMI FL 33136

Title            WHIP  
Name           NGU, JOSEPHA  
Address        4661 FOUNTAINS DR.  
                 214  
City-State-Zip: LAKE WORTH FL 33467

Title            TREASURER  
Name           MONGWA, KAN  
Address        5360 SW 150 TERRACE  
City-State-Zip: MIRAMAR FL 33027

Title            FINANCIAL SECRETARY  
Name           SIME, ACHILLE  
Address        437 BIRD ROAD  
City-State-Zip: CORAL GABLES FL 33134

Title            COMPTROLLER  
Name           NTOCK, MAURICE  
Address        21209 NW 14 PL  
                 820  
City-State-Zip: MIAMI FL 33169

*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:** KAN MONGWA**TREASURER**

03/16/2024

Electronic Signature of Signing Officer/Director Detail

Date