

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002191

**FILED  
Mar 18, 2015  
Secretary of State  
CC0792611866**

**Entity Name:** KONGWACHEKAFOUNDATION, INC.

**Current Principal Place of Business:**

8090 ATLANTIC BLVD, A78  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

8090 ATLANTIC BLVD, A78  
JACKSONVILLE, FL 32211

**FEI Number:** 46-4804199

**Certificate of Status Desired:** No

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

FADIGA, AHMED  
8090 ATLANTIC BLVD, A78  
JACKSONVILLE, FL 32211 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 C  
Name FADIGA, AMED S  
Address 8090 ATLANTIC BLVD, A78  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name HOLLOMON, WILLMA  
Address 8090 ATLANTIC BLVD, A78  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name HOLLOMON, CLYDE  
Address 8090 ATLANTIC BLVD, A78  
City-State-Zip: JACKSONVILLE FL 32211

*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:** AMED S FADIGA

C

03/18/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date