

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000001554

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**3285932896CC**

**Entity Name:** IMO STATE ASSOCIATION OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

137 N. KETCH DRIVE  
SUNRISE, FL 33326

**Current Mailing Address:**

UGOCHUKWU NWABUEZE  
137 N. KETCH DRIVE  
SUNRISE, FL 33326 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NWABUEZE, UGOCHUKWU C  
137 N. KETCH DRIVE  
SUNRISE, FL 33326 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           NWABUEZE, UGOCHUKWU  
Address        137 N KETCH DR  
City-State-Zip: SUNRISE FL 33326

Title           VP1  
Name           IGWE, FABIAN DR  
Address        18376 NW 61 PL  
City-State-Zip: HIALEAH FL 33015

Title           VP2  
Name           ACHAREKE, OBINNA DR.  
Address        5890 S. GOLDEN BEAUTY LANE  
City-State-Zip: TAMARAC FL 33021

Title           SEC  
Name           NZERUO, CYRIL DR.  
Address        16725 NW 78TH AVENUE  
City-State-Zip: MIAMI LAKES FL 33016

Title           TREA  
Name           NWOSU, CHIDI  
Address        6850 NW 69 CT  
City-State-Zip: TAMARAC FL 33321

*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:** UGOCHUKWU C NWABUEZE

**PRESIDENT**

**04/30/2019**

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

\_\_\_\_\_  
Date