

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000000699

1. Entity Name  
NKWERRE ABORIGINES UNION - USA, INC.



Principal Place of Business  
5224 S. 166TH AVENUE CIRCLE  
OMAHA, NE 68135

Mailing Address  
13412 SPLASH COURT  
ORLANDO, FL 32828

FILED

08 SEP 26 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
72-1319220

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

NNADI, GODWIN  
13412 SPLASH COURT  
ORLANDO, FL 32828

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE CP  
NAME NNADI, GODWIN  
STREET ADDRESS 13412 SPLASH COURT  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE VCT  
NAME CHINYERE, CHUKS  
STREET ADDRESS 1461 NW 207 STREET  
CITY-ST-ZIP MIAMI, FL 33010

TITLE S  
NAME IHEKWABA, CHIAKA  
STREET ADDRESS P.O. BOX 163635  
CITY-ST-ZIP MIAMI, FL 33116

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200136385472  
09/26/08--01043--011 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Chuko O. Chinyere*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-08  
Date

305 995 4576  
Daytime Phone