


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State


08-19-2004 90053 014 ****61.25

DOCUMENT # N00000008285		
1. Entity Name NYEMONI SOCIETY FOR EDUCATION AND CULTURAL DEVELOPMENT INC		

Principal Place of Business 5095 NW 195TH LANE MIAMI, FL 33055	Mailing Address 5095 NW 195TH LANE MIAMI, FL 33055
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DO NOT WRITE IN THIS SPACE

54068987



06072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 71-6930775	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRIGGS, CHRISTOPHER 5095 NW 195TH LANE MIAMI, FL 33055
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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 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BESTMAN, DOKUBO 18755 NW 62ND AVENUE #202 HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORUWARI, AKIN 1545 NW 142ND STREET NORTH MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIGGS, CHRISTOPHER 5095 NW 195TH LANE MIAMI, FL 33055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBUYE-DOKUBO, DAN 1170 NW 140TH STREET MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARIKOKO, VICTOR 18900 NW 8TH AVENUE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOB-MANUEL, RICHARD 15165 NE 6TH AVENUE MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **BRIGGS, CHRISTOPHER** **7/28/04** **(305) 623-9317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #