

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2005 AUG -4 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



06072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 71-6930775	Applied For 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

**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 Briggs BRIGGS, CHRISTOPHER

07/09/05

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fee

000058487028  
08/11/05--01050--032 \*\*\$61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORUWARI, AKIN 1545 NW 142ND STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNG-JACK, ROWLAND 660 NW 177TH STREET APT. 209 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 JACK, MINA 13800 NE 12TH AVE. APT. 413 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARIBOKO, 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 BRIGGS, CHRISTOPHER

07/09/05

(305) 623-9317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8f9a