

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000008285**

1. Entity Name

**NYEMONI SOCIETY FOR EDUCATION AND CULTURAL  
DEVELOPMENT INC**



Principal Place of Business

**5095 NW 195TH LN  
MIAMI, FL 33055**

Mailing Address

**5095 NW 195TH LN  
MIAMI, FL 33055**



03102006 No Chg-NP

CRZE037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FE Number  
**71-6930775**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRIGGS, CHRISTOPHER  
5095 NW 195TH LN  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000540644  
05/10/06-80025-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ORUWARI, AKIN
STREET ADDRESS	1545 NW 142ND STREET
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	VD
NAME	YOUNG-JACK, ROWLAND
STREET ADDRESS	660 NW 177TH ST., APT 209
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	SD
NAME	BRIGGS, CHRISTOPHER
STREET ADDRESS	5095 NW 195TH LANE
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	D
NAME	MIA, JACK
STREET ADDRESS	13800 NE 12TH AVE., APT 413
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	D
NAME	WARIBOKO, VICTOR
STREET ADDRESS	18900 NW 8TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	BOB-MANUEL, RICHARD
STREET ADDRESS	15165 NE 6TH AVENUE
CITY-ST-ZIP	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 exemptions 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: *Christopher Briggs* CHRISTOPHER BRIGGS 3/11/06 (305) 498-5480**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone