

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008285

FILED
Jun 01, 2009
Secretary of State

Entity Name: NYEMONI SOCIETY FOR EDUCATION AND CULTURAL DEVELOPMENT INC

Current Principal Place of Business:

5095 NW 195TH LN
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

5095 NW 195TH LN
MIAMI, FL 33055

New Mailing Address:

FEI Number: 71-6930775 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRIGGS, CHRISTOPHER
5095 NW 195TH LN
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ORUWARI, AKIN
Address: 1545 NW 142ND STREET
City-St-Zip: MIAMI, FL 33169

Title: VD () Delete
Name: YOUNG-JACK, ROWLAND
Address: 660 NW 177TH ST., APT 209
City-St-Zip: MIAMI, FL 33169

Title: SD () Delete
Name: BRIGGS, CHRISTOPHER
Address: 5095 NW 195TH LANE
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: MIA, JACK
Address: 13800 NE 12TH AVE., APT 413
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: WARIBOKO, VICTOR
Address: 18900 NW 8TH AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: BOB-MANUEL, RICHARD
Address: 15165 NE 6TH AVENUE
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTOPHER BRIGGS

SD

06/01/2009

Electronic Signature of Signing Officer or Director

Date