

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90260 022 ****61.25

DOCUMENT # N01000005314

1. Entity Name
CHINYE FOUNDATION, INC.



Principal Place of Business
**1395 NW 167TH ST., STE. 101
MIAMI, FL 33169**

Mailing Address
**1395 NW 167TH ST., STE. 101
MIAMI, FL 33169**

34030110

2. Principal Place of Business
1525 NW 167 St

3. Mailing Address

Suite, Apt. #, etc.
330

Suite, Apt. #, etc.

City & State
Miami

City & State

Zip
FL

Country
33169

Zip

Country

04072004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1128720

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHINYE, TONY
~~1395 NW 167TH ST., STE. 101~~
MIAMI, FL 33169

**1525 NW 167 St
Suite 330
Miami, FL 33169**

Name
Street Address (P.O. Box Number is Not Acceptable)

**1525 NW 167 St. #330
Miami FL 33169**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CHINYE, IKE	
STREET ADDRESS	15821 SW 20TH ST.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHINYE, GODFREY	
STREET ADDRESS	7816 ROCKPORT CIR.	
CITY-ST-ZIP	LAKEWORTH, FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHINYE, ISAAC	
STREET ADDRESS	13242 SW 54 CT.	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHINYE, TONY	
STREET ADDRESS	1395 NW 167 ST., #101	
CITY-ST-ZIP	MIAMI, FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHINYE, ERNEST	
STREET ADDRESS	PO BOX 552261	
CITY-ST-ZIP	CAROL CITY, FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN NWOKO	
STREET ADDRESS	6230 WILSHIRE BLVD. #60	
CITY-ST-ZIP	LOS ANGELES, CA 90048	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTOPHER ANIEMENKA	
STREET ADDRESS	13242 SW 54 COURT	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IFEANYI H-ODOR	
STREET ADDRESS	8100 EMERSON AVE. S	
CITY-ST-ZIP	BLOOMINGTON, MN 55420	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONY CHINYE	
STREET ADDRESS	1525 NW 167 STR. #330	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCESCA ONYEJURUNA	
STREET ADDRESS	7928 FAIRWAY BLVD	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NKADI AZUH	
STREET ADDRESS	2106 TAYLOR MEADOWS WAY	
CITY-ST-ZIP	MARIETTA, GA 30008	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #