

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005314

FILED
Apr 02, 2007
Secretary of State

Entity Name: CHINYE FOUNDATION, INC.

Current Principal Place of Business:

HAMPTON PROFESSIONAL OFFICE PARK
1911 N.W. 150 AVE. SUITE 202
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

HAMPTON PROFESSIONAL OFFICE PARK
1911 N.W. 150 AVE. SUITE 202
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 65-1128720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHINYE, TONY
1525 NW 167TH ST
STE 330
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

CHINYE, TONY
1911 NW 150 AVENUE
STE 202
PEMBROKE PINES, FL 33028 US

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: TONY CHINYE 04/02/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHINYE, IKE
Address: 15821 SW 20TH ST.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: CHINYE, GODFREY
Address: 7816 ROCKPORT CIR.
City-St-Zip: LAKEWORTH, FL 33467

Title: D () Delete
Name: CHINYE, ISAAC
Address: 13242 SW 54 CT.
City-St-Zip: MIRAMAR, FL 33027

Title: D () Delete
Name: CHINYE, TONY
Address: 1525 NW 167TH ST, 330
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: CHINYE, ERNEST
Address: PO BOX 552261
City-St-Zip: CAROL CITY, FL 33055

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: D (X) Change () Addition
Name: CHINYE, TONY
Address: 1911 NW 150 AVENUE 202
City-St-Zip: PEMBROKE PINES, FL 33028

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TONY CHINYE D 04/02/2007

Electronic Signature of Signing Officer or Director Date