

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 13, 2008  
Secretary of State

DOCUMENT# N01000005314

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  
1911 NW 150 AVENUE  
STE 202  
PEMBROKE PINES, FL 33028 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: 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: 1911 NW 150 AVENUE 202  
City-St-Zip: PEMBROKE PINES, FL 33028

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: ( ) 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: TONY CHINYE

PRES

02/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date