

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90342 002 ****61.25

DOCUMENT # N02000003261

1. Entity Name

INSTITUTE FOR DEMOCRACY IN AFRICA, INC.



Principal Place of Business

**1395 N W 167TH STREET
SUITE 101
MIAMI FL 33169**

Mailing Address

**1395 N W 167TH STREET
SUITE 101
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

DADE

Zip

Country

USA

4. FEI Number

52-1921056

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CHINYE, TONY
1395 N W 167TH STREET
SUITE 101
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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



FILE NOW: FEE IS \$61.25

After September 10, 2003, fee will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**D
OLADEINDE, FRED
5625 NEW HAMPSHIRE AVENUE
WASHINGTON DC 20011**

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**D
CHINYE, TONY
2404 S W 164TH AVENUE
MIRAMAR FL 33027**

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**D
OKONMAH, ANTHONY
20613 N W 15TH AVENUE
MIAMI FL 33169**

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

**D
SIMPKINS, GREG
3906 TRINTON COURT
TEMPLE HILLS MD 20748**

☒ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Anthony Okonmah

(305) 416-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)