2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# N02000006935

Entity Name: IMO UMUNNA ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

19042 NW 54TH CT
MIAMI, FL 33055

New Principal Place of Business:

Current Mailing Address:

PO BOX 170332
HIALEAH, FL 33017

New Mailing Address:

FEI Number: 14-1847438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IZUNOBI, CELESTINE DR.
19042 NW 54 COURT
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:	IZUNOBI, CELESTINE DR	
Address:	19042 NW 54TH COURT	
City-St-Zip:	MIAMI, FL 33055	
Title:	VD	( ) Delete
Name:	NWADIKE, NAOMI	
Address:	2238 SOUTH MIAMI AVENUE	
City-St-Zip:	MIAMI, FL 33129	
Title:	SD	( ) Delete
Name:	OSUJI, JUDE	
Address:	6955 NW 186TH STREET	
City-St-Zip:	MIAMI, FL 33015	
Title:	S	( ) Delete
Name:	ACHARAEKE, UKACHI ASST.	
Address:	1112 SW 129 PLACE	
City-St-Zip:	MIAMI, FL 33186	
Title:	S	( ) Delete
Name:	NWAOSU, CHARLES FINANCI	
Address:	2501 NW 173RD TERRACE	
City-St-Zip:	MIAMI, FL	
Title:	T	( ) Delete
Name:	OGWO, NGOZI	
Address:	135 N W 163 STREET	
City-St-Zip:	NORTH MIAMI BEACH, FL 33169	

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:	
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 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 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: DR CELESTINE IZUNOBI PD 01/27/2005

Electronic Signature of Signing Officer or Director — Date