

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006935

FILED  
Jan 03, 2008  
Secretary of State

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 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: DR. CELESTINE IZUNOBI

PD

01/03/2008

Electronic Signature of Signing Officer or Director

Date