

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006935

FILED
Mar 23, 2009
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: PD (X) Change () Addition
Name: DR. CELESTINE IZUNOB, I
Address: 19042 NW 54TH COURT
City-St-Zip: MIAMI, FL 33055

Title: VD (X) Change () Addition
Name: NWADIKE, MICHAEL
Address: 2238 SOUTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33129

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

03/23/2009

Electronic Signature of Signing Officer or Director

Date