

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000000301

1. Entity Name  
GHANA-AMERICAN CHAMBER OF COMMERCE, INC



Principal Place of Business  
16146 NW 14TH CT.  
PEMBROKE PINES, FL 33028

Mailing Address  
16146 NW 14TH CT.  
PEMBROKE PINES, FL 33028

**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**



09022008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
27-0042901

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ANTWI, KINGSLEY  
16146 NW 14TH CT.  
PEMBROKE PINES, FL 33028

**DO NOT WRITE  
IN THIS SPACE**

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 restate)

DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ANTWI, KINGSLEY
STREET ADDRESS	16146 NW 14TH CT.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	VP
NAME	AKUAMOAH, EMMANUEL
STREET ADDRESS	5288 NW 186 ST.
CITY-ST-ZIP	MIAMI, FL 33055
TITLE	S
NAME	KUBAYANDA, GILBERT
STREET ADDRESS	4341 NW 19TH STREET, SUITE #8
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	D
NAME	NYANTE, SAM
STREET ADDRESS	22475 LABRADOR ST.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	ERZAH, ISAAC DR
STREET ADDRESS	7797 GRANDE ST.
CITY-ST-ZIP	SUNRISE, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959245  
09/09/08-80002-029 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/08

Date

954-442-7711

Daytime Phone #