

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000301

FILED
Jul 10, 2009
Secretary of State

Entity Name: GHANA-AMERICAN CHAMBER OF COMMERCE, INC

Current Principal Place of Business:

16146 NW 14TH CT.
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

16146 NW 14TH CT.
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 27-0042901 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: P () Delete
Name: ANTWI, KINGSLEY
Address: 16146 NW 14TH CT.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VP () Delete
Name: AKUAMOAH, EMMANUEL
Address: 5288 NW 186 ST.
City-St-Zip: MIAMI, FL 33055

Title: S () Delete
Name: KUBAYANDA, GILBERT
Address: 4341 NW 19TH STREET, SUITE #8
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: NYANTE, SAM
Address: 22475 LABRADOR ST.
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: ERZAH, ISAAC DR
Address: 7797 GRANDE ST.
City-St-Zip: SUNRISE, FL 33351

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:

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: KINGSLEY ANTWI

P

07/10/2009

Electronic Signature of Signing Officer or Director

Date