# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 05, 2005**
**Secretary of State**

DOCUMENT# N03000001689

**Entity Name:** AFRICA-DIASPORA PARTNERSHIP FOR EMPOWERMENT & DEVELOPMENT, INC.

**Current Principal Place of Business:**

9034 SW 163RD TERRACE
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

9034 SW 163RD TERRACE
MIAMI, FL 33157

**New Mailing Address:**

**FEI Number: 55-0821437** **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:**

MAYUNGBE, ALBERT A
2967 SW 161 AVENUE
MIRAMAR, FL 33027 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: D ( ) Delete
Name: ALONGE, ADEWALE J
Address: 9034 SW 163 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: MAYUNGBE, ALBERT A
Address: 2967 SW 161 AVE
City-St-Zip: MIAMI, FL 33027

Title: D ( ) Delete
Name: OLAIGBE, OLA
Address: 2279 NW 126 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete
Name: COLLINGWOOD, DIANA
Address: 9034 SW 163RD TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: ALADE, MOSES DR
Address: 9034 SW 163RD TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: OYEWALE, DANIEL
Address: 9034 SW 163RD TERRACE
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: ALONGE (DR.), ADEWALE J
Address: 9034 SW 163 TERRACE
City-St-Zip: MIAMI, FL 33157

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. ADEWALE J. ALONGE D 05/05/2005

Electronic Signature of Signing Officer or Director — Date