

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N03000003094

1. Entity Name

TWESE RIKA UMWE INTERNATIONAL INC.



**FILED**  
**Aug 13, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business

382 MARION OAKS LANE  
OCALA FL 34473

Mailing Address

382 MARION OAKS LANE  
OCALA FL 34473



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
86-1054721

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

2nd MOORE

CR2E037 (4/08)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAGLAND, NATHALIE  
382 MARION OAKS LANE  
OCALA FL 34473

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Nathalie Ragland*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required with reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
O  
LEWIS, DENISE  
STREET ADDRESS  
382 MARION OAKS LANE  
CITY-ST-ZIP  
OCALA FL 34473-2912

TITLE ☐ Delete  
NAME  
O  
RAGLAND, NATHALIE  
STREET ADDRESS  
382 MARION OAKS LANE  
CITY-ST-ZIP  
OCALA FL 34473-2912

TITLE ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U000000357610  
08/13/08-80002-007 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Denise Lewis* Denise Lewis

8-25-08

(352)  
347-1871