

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 MAR -7 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000007526

1. Entity Name  
ENUGU DAUGHTERS ASSOCIATION OF FLORIDA INC.



Principal Place of Business  
12115N. MIAMI AVE,  
NORTH MIAMI, BEACH, FL 33168

Mailing Address  
1310 NW 196 TERR  
MIAMI, FL 33169

2. Principal Place of Business  
12115 N MIAMI AVE  
Suite, Apt. #, etc.

3. Mailing Address  
12115 N MIAMI AVE  
Suite, Apt. #, etc.

City & State  
N MIAMI FL  
Zip 33168 Country DADE

City & State  
NORTH MIAMI FL  
Zip 33168 Country DADE

11022004 REIN-NP

CR2E099 (6/04)

4. FEI Number  
75-3159736

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NWAMA, FRANCISCA MRS  
1310 N W 196 TERR  
MIAMI, FL 33169

7. Name and Address of New Registered Agent  
Name CAROL EZE  
Street Address (P.O. Box Number is Not Acceptable)  
12115 N MIAMI AVE  
City NORTH MIAMI FL Zip Code 33168

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 CCBE CAROL EZE PRESIDENT 11/9/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25  
After January 1, 2005, Fee will be \$297.50

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EZE, CAROL MRS	
STREET ADDRESS	12115M. MIAMI AVE	
CITY-ST-ZIP	NORTH MIAMI, BEACH, FL 33168	
TITLE	T	<input type="checkbox"/> Delete
NAME	ODIMGBE, UZOAMAKA MRS	
STREET ADDRESS	2362 NW 158 LANE	
CITY-ST-ZIP	PEMBROKEPINE, FL 33028	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	NWAMA, FRANCISCA MRS	
STREET ADDRESS	1310 NW 196 TERR	
CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800043724728	
STREET ADDRESS	12/30/04--01003--025 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT 04-05	
STREET ADDRESS	800043724728	
CITY-ST-ZIP	03/15/05--01009--016 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: CCBE CAROL EZE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/09/04

305 318 2615

Date Daytime Phone #

2072

**ENUGU DAUGHTERS ASSOCIATION OF SOUTH FLORIDA**  
**FEI #75-3199736**  
**12115 NORTH MIAMI AVE,**  
**MIAMI FL 33168.**

**JAN 27<sup>TH</sup> 2005.**

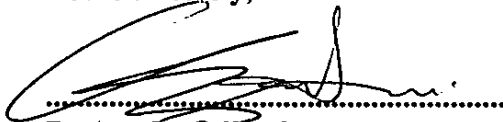
**RE:2004 ANNUAL REPORT.**

**Please be informed that the above named organization could not file for 2004 corporate annual report due to the following reasons.**

**1) The Association changed mailing address a few months after incorporation, hence did not get reminders for filling mailed.**

**We sincerely regret this oversight and would appreciate it if the reinstatement fee is waived. Thank you so much for your support of this association in its infancy.**

**Yours sincerely,**



**Dr Amaka Odingbe**  
**(treasurer)**