

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # N03000007526

1. Entity Name
ENUGU DAUGHTERS ASSOCIATION OF FLORIDA INC.



Principal Place of Business
**12115 N MIAMI AVE
N MIAMI, FL 33168**

Mailing Address
**12115 N MIAMI AVE
N MIAMI, FL 33168**



03072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3159736	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**EZE, CAROL
12115 N MIAMI AVE
NORTH MIAMI, FL 33168**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

1000000553791
05/15/06-R0068-001 61.25

10. OFFICERS AND DIRECTORS

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

**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
UZOAMAKA ODIMGBE

4-26-06 81 352 9090
Date Daytime Phone #