

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007526

FILED  
Apr 25, 2008  
Secretary of State

**Entity Name:** ENUGU DAUGHTERS ASSOCIATION OF FLORIDA INC.

**Current Principal Place of Business:**

12115 N MIAMI AVE  
N MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

12115 N MIAMI AVE  
N MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** 75-3159736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EZE, CAROL  
12115 N MIAMI AVE  
NORTH MIAMI, FL 33168 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: P ( ) Delete  
Name: EZE, CAROL MRS  
Address: 12115M. MIAMI AVE  
City-St-Zip: NORTH MIAMI, BEACH, FL 33168

Title: T ( ) Delete  
Name: ODIMGBE, UZOAMAKA MRS  
Address: 2362 NW 158 LANE  
City-St-Zip: PEMBROKEPINE, FL 33028

Title: SEC ( ) Delete  
Name: NWAMA, FRANCISCA MRS  
Address: 1310 NW 196 TERR  
City-St-Zip: MIAMI, FL 33169

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: ODUH, UZOAMAKA MRS  
Address: 2191 REGENTS BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: SEC (X) Change ( ) Addition  
Name: ALUM, IFEOMA MRS  
Address: 4641 NW 41 PL  
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: IFEOMA ALUM

SEC

04/25/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date