

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009322

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE IGBO CULTURAL ASSOCIATION INCORPORATED (OBINWANNE)

Current Principal Place of Business:

3500 GATEWAY DRIVE
#205
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

3500 GATEWAY DRIVE
#205
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 86-1087613

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INNOCENT O CHINWEZE, P.A.
300 SOUTH PINE ISLAND ROAD
SUITE 248
PLANTATION, FL 33324 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: ANYAGALIGBO, CHRISTOHPER U
Address: 1340 NW 198 STREET
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: ANYADIKE, STEPHEN
Address: 3500 GATEWAY DRIVE #205
City-St-Zip: POMPANO BEACH, FL 33069

Title: GS () Delete
Name: ODOH, MCCHESTER PROFF
Address: 3500 GATEWAY DRIVE #205
City-St-Zip: POMPANO BEACH, FL 33069

Title: AS () Delete
Name: ODOH, CHESTER PROF
Address: 3500 GATEWAY DRIVE #205
City-St-Zip: POMPANO BEACH, FL 33069

Title: FS () Delete
Name: MENIRU, EMMANUEL
Address: 3500 GATEWAY DRIVE #205
City-St-Zip: POMPANO BEACH, FL 33069

Title: T () Delete
Name: WILSON, ROBINSON
Address: 3500 GATEWAY DRIVE #205
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

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: CHRISTOPHER ANYAGALIGBO

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date