## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011105  1. Entity Name ASSOCIATION OF NDI IGBO IN TALLAHASSEE INC.				FILED 05 JUN 23 PH 4: 25				
Principal Place of Business Mailing Address P.O. BOX 15888 P.O. BOX 15888				05 JUR SECIAL TALLAI	IASSEE, F	LORIDA		
TALLAHASSEE, FL 32317	TALLAHASSEE, FL 3231	7						
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			06202005 Ch	g-NP	CR2E037 (10/0	13)/	
City & State	City & State			4. FEI Number			Applied For Not Applicable	
Zip Country	Zip	Country		5. Certificate of Sta	tus Desired	□ \$8.75	Additional	
6. Name and Address of Current	t Registered Agent		!	7. Name and Addr	ess of New Re		1000	
KALU, PETER N DR.	Name							
4721 PLANTATION VIEW DR TALLAHASSEE, FL 32311		Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
	$\bigcirc$	City	•			FL Zip	Code	
The above named entity submits this statement from the statement	of the purpose of changing its re	gistered office or	registere	ed agent, or both, in t	he State of Flor		with, and accept	
the obligations of registered about	Juac'			06	5/23/1	05		
SIGNATURE Signature, typedox Paried pame of registered again	Tura use a applicable. (NOTE A	Tegistered Agent signatu	re required	when reinstating)	/ /	DATE		
Filing Fee is \$61.25 Due by September 7, 2005	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees		ake check payab da Department d		
10. OFFICERS AND D	□ n.i	11.	Α	DDITIONS/CHANGE	S TO OFFICER	RS AND DIRECTOR		
NAME  STREET ADDRESS  CITY-ST-ZIP  TALLAHASSEE,	V At U	NAME STREET ADDRESS CITY-ST-ZIP		<b>000</b> 06/28/09	0566 01051	32320		
MAKE CABRIEL OTUON	T Delete	TITLE NAME				Cha	nge 🔲 Addition	
STREET ADDRESS 1744 RODEO DE CITY-ST-ZIP TALLAHASSEE, FL	<del>-</del>	STREET ADDRESS CITY-ST-ZIP						
MANE RECTIVALD OF U	ETARY Delete	TITLE NAME STREET ADDRESS				☐ Chai	nge 🗌 Addition	
CITY-ST-ZIP TALLAHASSEE,	FL	CITY-ST-ZIP						
STREET ADDRESS 3226 DUNG ARY	EKE DRIVE	TITLE NAME STREET ADDRESS				☐ Cha.	nge 🔲 Addition	
TALLAHASSEE, F	TARY Delete	CITY-ST-ZIP TITLE				☐ Cha	nge 🔲 Addition	
STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, F	_	NAME Street address City-St-Zip						
TITLE PUBLICITY SECRE NAME SAMUEL TIEOM STREET ADDRESS 8015 TALLEY AN	iA _	TITLE NAME STREET ADDRESS				☐ Cha	nge 🗌 Addition	
CITY-ST-ZIP TALLAHASSEE, F	<u>L</u>	CITY-ST-ZIP						
<ol> <li>I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee emp changed, or on an attachment with an orderess.</li> </ol>	is true and accurate and that my powered to execute this report as	ne exemption state signature shall ha required by Chap	ed in Sec ave the s pter 617,	ction 119.07(3)(i), Flor ame legal effect as if , Florida Statutes; and	ida Statutes, I i made under oa I that my name f	further certify that t ath; that I am an of appears in Block	he information ficer or director 10 or Block 11 if	
SIGNATURE:	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR		06/2	_3/os	S (850) (	,44-56 <del>7</del> <	
	<del></del>							