

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/1

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90022 043 \*\*\*\*70.00

**DOCUMENT # N05000005903**

1. Entity Name  
**GODS MERCY MISSION CENTER, INC.**



Principal Place of Business  
13850 NW 26 AVE.  
OPA-LOCKA, FL 33054

Mailing Address  
13850 NW 26 AVE.  
OPA-LOCKA, FL 33054

66011040



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012006 Chg-NP CR2E037 (11/05)

4. FEI Number

20-3164905

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ASOGWA, ANTHONY  
13850 NW 26 AVE.  
OPA-LOCKA, FL 33054

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*[Signature]*

Signature, printed or stamped name of registered agent and state if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

3-12-06

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ASOGWA, ANTHONY	
STREET ADDRESS	13850 NW 26 AVE.	
CITY - ST - ZIP	OPA-LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	LALA, MUBO	
STREET ADDRESS	13850 NW 26 AVE.	
CITY - ST - ZIP	OPA-LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANAM, OSADEBE	
STREET ADDRESS	13850 NW 26 AVE.	
CITY - ST - ZIP	OPA-LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	AJIMAJURAREJE, YEMI	
STREET ADDRESS	13850 NW 26 AVE.	
CITY - ST - ZIP	OPA-LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	IKEJIANI, AZU E	
STREET ADDRESS	13850 NW 26 AVE.	
CITY - ST - ZIP	OPA-LOCKA, FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	EBEDE, PRINCE	
STREET ADDRESS	13850 NW 26 AVE.	
CITY - ST - ZIP	OPA-LOCKA, FL 33054	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-06

Date

Daytime Phone #