



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000009876 1. Entity Name ISSELE-UKU ECCLESIA KATOLIKA ASSOCIATION, INC.	
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Principal Place of Business 1525 NW 167 STREET SUITE 330 MIAMI GARDENS, FL 33169	Mailing Address 1525 NW 167 STREET SUITE 330 MIAMI GARDENS, FL 33169
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DO NOT WRITE IN THIS SPACE

	
04242007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-3824527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHINYE, TONY
1525 NW 167 STREET SUITE 330
MIAMI GARDENS, FL 33169

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

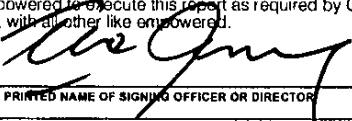
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADUBA, JOHN I 936 BELMONT JACKSON, MI 49203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES, WILLIE F 606 S WISNER STREET FLINT, MI 48505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILSON, HELEN 310 E GENESEE STREET FLINT, MI 48503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000746777
05/16/07-80082-009 61.25

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:  **04/26/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #