2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009876

urrent Bringing Blood of Business

FILED Mar 12, 2009 Secretary of State

Entity Name: ISSELE-UKU ECCLESIA KATOLIKA ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
1911N.W 150 AVENUE	C/O 1911N.W 150 AVENUE
202	202

(UZ

PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028

Current Mailing Address: New Mailing Address:

1911N.W 150 AVENUE C/O1911N.W 150 AVENUE 202
PEMBROKE PINES, FL 33028 C/O1911N.W 150 AVENUE 202
PEMBROKE PINES, FL 33028 PEMBROKE PINES, FL 33028

FEI Number: 59-3824527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHINYE, TONY 1191 N.W. AVENUE 202

PEMBROKE PINES, FL 33028 US

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:

- Flacture Circulum of Devictored Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition Name: ADUBA, JOHN I Name:

 Name:
 ADUBA, JOHN I
 Name:

 Address:
 360 N.E. 34 TERRACE
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33033
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition Name: JAMES, WILLIE F Name: OGBOE, PARKER M

Address: 310 EAST GENESE STREET Address: 15610 N. E 6TH AVENUE #20B

Address. 510 EAST GENESE STREET Address. 15010 N. E 011 AVENUE #200

City-St-Zip: FLINT, MI 48503 City-St-Zip: MAIMI, FL 33162

Title: S () Delete Title: S (X) Change () Addition Name: WILSON, HELEN Name: AKALUE, EMMANUEL

Address: 936 BELMONT Address: ST. JOHN THE BAPTIST

City-St-Zip: FLINT, MI 48503 City-St-Zip: 7525 S U.S HWY 41, DUNNELLON, FL 34432

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: FR. JOHN IKE ADUBA PRES 03/12/2009