

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010676

FILED  
Sep 20, 2006  
Secretary of State

Entity Name: CAMEROON USA CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

451 MONUMENT ROAD  
414  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

451 MONUMENT ROAD  
416  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

451 MONUMENT ROAD  
414  
JACKSONVILLE, FL 32225

**New Mailing Address:**

P.O. BOX 8842  
JACKSONVILLE, FL 32239

FEI Number: 56-2539514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

NGNITEDEM, ARIEL M  
451 MONUMENT ROAD  
414  
JACKSONVILLE, FL 32225 US

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

NGNITEDEM, ARIEL M  
451 MONUMENT ROAD  
416  
JACKSONVILLE, FL 32225 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: M. ARIEL NGNITEDEM

09/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete

Name: NGNITEDEM, ARIEL M

Address: 451 MONUMENT ROAD, APT. 414

City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition

Name: NGNITEDEM, ARIEL M

Address: 451 MONUMENT ROAD, APT. 416

City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Delete

Name: JEAN CLAUDE, KOUANDJIO

Address: 546 RESERVE AVENUE

City-St-Zip: BELTSVILLE, MD 20705

Title: VP ( ) Change (X) Addition

Name: CLEMENT, DONGMO B

Address: 7438 WILLOW CREEK DR

City-St-Zip: YPSILANTI, MI 48197

Title: ( ) Delete

Name: KEEANGA, SPEAKES A

Address: 3500 UNIVERSITY BLVD. NORTH #2630

City-St-Zip: JACKSONVILLE, FL 32277

Title: SG ( ) Change (X) Addition

Name: MATHURIN, YONKO

Address: 269 NW 7TH STREET #220

City-St-Zip: MIAMI, FL 33136

Title: ( ) Delete

Name: MATHURIN, YONKO

Address: 269 NW 7TH STREET #220

City-St-Zip: MIAMI, FL 33136

Title: ( ) Delete

Name: MATHURIN, YONKO

Address: 269 NW 7TH STREET #220

City-St-Zip: MIAMI, FL 33136

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: M. ARIEL NGNITEDEM

P

09/20/2006

Electronic Signature of Signing Officer or Director

Date