

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010676

FILED
Jul 11, 2007
Secretary of State

Entity Name: CAMEROON USA CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

451 MONUMENT ROAD
416
JACKSONVILLE, FL 32225

New Principal Place of Business:

3500 UNIVERSITY BLVD. NORTH
2630
JACKSONVILLE, FL 32277

Current Mailing Address:

P.O. BOX 8842
JACKSONVILLE, FL 32239

New Mailing Address:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NGNITEDEM, ARIEL M
Address: 451 MONUMENT ROAD, APT. 416
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: JEAN CLAUDE, KOUANDJIO
Address: 546 RESERVE AVENUE
City-St-Zip: BELTSVILLE, MD 20705

Title: VP () Delete
Name: CLEMENT, DONGMO B
Address: 7438 WILLOW CREEK DR
City-St-Zip: YPSILANTI, MI 48197

Title: SG () Delete
Name: KEEANGA, SPEAKES A
Address: 3500 UNIVERSITY BLVD. NORTH #2630
City-St-Zip: JACKSONVILLE, FL 32277

Title: VP () Delete
Name: MATHURIN, YONKO
Address: 269 NW 7TH STREET #220
City-St-Zip: MIAMI, FL 33136

Title: () Delete
Name:
Address:
City-St-Zip:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: BLAISE, YAKAM M
Address: 16719 QUAIL PARK DR.
City-St-Zip: MISSOURI CITY, TX 77489

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: ARIEL NGNITEDEM

P

07/11/2007

Electronic Signature of Signing Officer or Director

Date