

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011096

FILED
Aug 22, 2006
Secretary of State

Entity Name: ASSOCIATION OF SIERRA LEONEANS IN NORTH FLORIDA, INC.

Current Principal Place of Business:

4090 BROAD CREEK LANE
JACKSONVILLE, FL 32218

New Principal Place of Business:

2945 GOLDEN POND BLVD
ORANGE PARK, FL 32073

Current Mailing Address:

4090 BROAD CREEK LANE
JACKSONVILLE, FL 32218

New Mailing Address:

2945 GOLDEN POND BLVD
ORANGE PARK, FL 32073

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

SANDERS-SAMA, MELICENT
4090 BROAD CREEK LANE
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

NGAUJA, TAMBA
2945 GOLDEN POND BLVD
ORANGE PARK, FL 32073 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: TAMBA NGAUJA

08/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAMUELS, RICHARD
Address: 830 ARLINGTON DR #102
City-St-Zip: JACKSONVILLE, FL 32211

Title: V () Delete
Name: MASON, CHARLES
Address: 1598 HOPE VALLEY DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: T () Delete
Name: SANDERS-SAMA, MELICENT
Address: 4090 BROAD CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: DAVIES-THOMPSON, ALICE
Address: 2628 WOOLERY DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Delete
Name: CAULKER, FATMALA
Address: 1249 BRIGHTON RIDGE CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D (X) Delete
Name: BOSTON, BRIAN
Address: 3335 TALISMAN DR
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TAMBA, NGAUJA
Address: 2945 GOLDEN POND BLVD
City-St-Zip: ORANGE PARK, FL 32073

Title: VP (X) Change () Addition
Name: ALHAJI, BARRIE
Address: 848 COLONIAL CT. W.
City-St-Zip: JACKSONVILLE, FL 32225

Title: T (X) Change () Addition
Name: TAMBA, MOMORIE
Address: 4138 CLEARBROOK COVE RD.
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change () Addition
Name: MELICENT, SAMA
Address: 4090 BROAD CREEK LANE
City-St-Zip: JACKSONVILLE, FL 32218

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMBA NGAUJA

P

08/22/2006

Electronic Signature of Signing Officer or Director

Date