2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N05000011096

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

Current Principal Place of Business:

2945 GOLDEN POND BLVD
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

2945 GOLDEN POND BLVD
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: TAMBA, NGAUJA
Address: 2945 GOLDEN POND BLVD
City-St-Zip: ORANGE PARK, FL 32073

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AIAH MOMORIE T 04/27/2008
Electronic Signature of Signing Officer or Director — Date