## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000011096

FILED Mar 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2945 GOLDEN POND BLVD 4050 BROAD CREEK LN ORANGE PARK, FL 32073 JACKSONVILLE, FL 32218

Current Mailing Address: New Mailing Address:

2945 GOLDEN POND BLVD
ORANGE PARK, FL 32073
4050 BROAD CREEK LN
JACKSONVILLE, FL 32218

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

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

NGAUJA, TAMBA

2945 GOLDEN POND BLVD
ORANGE PARK, FL 32073
US

MOMORIE, TAMBA M
4138 CLEARBROOK COVE RD
JACKSONVILLE, FL 32218
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 MOMORIE 03/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: TAMBA, NGAUJA Name: SAMA, MILLICENT

Address: 2945 GOLDEN POND BLVD Address: 4050 BROAD CREEK LN
City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: JACKSONVILLE, FL 32218

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: ALHAJI, BARRIE Name: JUSU, MICHAEL

Address: 848 COLONIAL CT. W. Address: 1140 SUNRAY CT

City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete Title: T (X) Change () Addition

 Name:
 AIAH, MOMORIE
 Name:
 TAMBA, MOMORIE M

 Address:
 4138 CLEARBROOK COVE RD.
 Address:
 4138 CLEARBROOK COVE RD.

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32218

 $\label{eq:title:S} {\sf Title:S} \qquad \qquad {\sf S} \qquad {\sf (A) Change (A) Addition}$ 

 Name:
 MELICENT, SAMA
 Name:
 KARGBO, UMI

 Address:
 4090 BROAD CREEK LANE
 Address:
 10336 WALNUT BEND N

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32257

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: TAMBA M. MOMORIE T 03/30/2009