

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011096

FILED
Feb 21, 2011
Secretary of State

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

Current Principal Place of Business:

4090 BROAD CREEK LN
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

4090 BROAD CREEK LN
JACKSONVILLE, FL 32218

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:

MOMORIE, TAMBA M
4138 CLEARBROOK COVE RD
JACKSONVILLE, FL 32218 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
Name: SAMA, MILLICENT
Address: 4090 BROAD CREEK LN
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP
Name: JUSU, MICHAEL
Address: 1140 SUNRAY CT
City-St-Zip: JACKSONVILLE, FL 32218

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

Title: S
Name: KARGBO, UMI
Address: 10336 WALNUT BEND N
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: TAMBA MOMORIE

T

02/21/2011

Electronic Signature of Signing Officer or Director

Date