

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N06000007990</b> 1. Entity Name JOPADHOLA WILOKA INC.	
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FILED  
 08 JUL 31 AM 8:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 4408 CHARTER POINT BLVD. JACKSONVILLE, FL 32277	Mailing Address 4408 CHARTER POINT BLVD. JACKSONVILLE, FL 32277
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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07312008 Chg-NP CR2E037 (12/06)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number 68-0641766	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  ODONGO, GEORGE 4408 CHARTER POINT BLVD. JACKSONVILLE, FL 32277	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25                  Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	CHRM ODONGO, GEORGE <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4408 CHARTER POINT BLVD.	STREET ADDRESS	000134356310
CITY-ST-ZIP	JACKSONVILLE, FL 32277	CITY-ST-ZIP	08/12/08--01008--012 **\$1.25
TITLE NAME	VCHR OWOR, STEVEN <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5901 GREEN WAY	STREET ADDRESS	
CITY-ST-ZIP	MONTGOMERY, AL 36117	CITY-ST-ZIP	
TITLE NAME	S WAFWOYO, WINIFRED <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2109 MEADOW DR	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL, PA 19422	CITY-ST-ZIP	
TITLE NAME	V-SE OCHIENG, GRACIE M <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	18411 GUILDBERRY DR UNIT 304	STREET ADDRESS	
CITY-ST-ZIP	GAITHERBURG, MD 20879	CITY-ST-ZIP	
TITLE NAME	T CJRISTIE, DEBORAH <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3108 PINEHURST DR NIT 304	STREET ADDRESS	
CITY-ST-ZIP	PLANO, TX 75075	CITY-ST-ZIP	
TITLE NAME	V-T WAFWAoyo, WINIFRED <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2109 MEADOW DR	STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL, PA 19422	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Odongo 7/31/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #