

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000007990

1. Entity Name
JOPADHOLA WILOKA INC.



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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07312008 Chg-NP CR2E037 (12/06)

4. FEI Number
68-0641766

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ODONGO, GEORGE
4408 CHARTER POINT BLVD.
JACKSONVILLE, FL 32277

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CHRM ☐ Delete
NAME ODONGO, GEORGE
STREET ADDRESS 4408 CHARTER POINT BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE ☐ Change ☐ Addition
NAME 000134356310
STREET ADDRESS 08/12/08--01008--012 **\$1.25
CITY-ST-ZIP

TITLE VCHR ☐ Delete
NAME OWOR, STEVEN
STREET ADDRESS 5901 GREEN WAY
CITY-ST-ZIP MONTGOMERY, AL 36117

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WAFWOYO, WINIFRED
STREET ADDRESS 2109 MEADOW DR
CITY-ST-ZIP BLUE BELL, PA 19422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V-SE ☐ Delete
NAME OCHIENG, GRACIE M
STREET ADDRESS 18411 GUILDBERRY DR UNIT 304
CITY-ST-ZIP GAITHERBURG, MD 20879

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CJRISTIE, DEBORAH
STREET ADDRESS 3108 PINEHURST DR NIT 304
CITY-ST-ZIP PLANO, TX 75075

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V-T ☐ Delete
NAME WAFWAoyo, WINIFRED
STREET ADDRESS 2109 MEADOW DR
CITY-ST-ZIP BLUE BELL, PA 19422

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/08

Date

Daytime Phone #