

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011766

FILED
Sep 07, 2009
Secretary of State

Entity Name: AFRICA UNITED CLUB, INC

Current Principal Place of Business:

50 NW 41ST STREET
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

P O BOX 541294
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 20-3423711 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OSAGIE, NATHAN
50 NW 41ST STREET
MIAMI, FL 33127 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALOBA, OSARO
Address: P O BOX 541294
City-St-Zip: OPA LOCKA, FL 33054

Title: VP () Delete
Name: NICOL, MIKE
Address: P O BOX 245726
City-St-Zip: PEMBROKE PINES, FL 33024

Title: SEC () Delete
Name: OSAGIE, NATHAN
Address: 50 NW 41ST STREET
City-St-Zip: MIAMI, FL 33127

Title: TRES () Delete
Name: ORINDARE, RUFUS
Address: 14610 S SPUR DRIVE
City-St-Zip: N MIAMI, FL 33161

Title: PRO () Delete
Name: AYESUNLE, ADENIYI
Address: P O BOX 540163
City-St-Zip: OPA LOCKA, FL 33054

Title: WHIP () Delete
Name: KING, ADEMOLA
Address: 3874 NW 202 STREET
City-St-Zip: MIAMI GARDENS, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: O ALOBA

P

09/07/2009

Electronic Signature of Signing Officer or Director

Date