

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005009

FILED
Apr 11, 2009
Secretary of State

Entity Name: ASSOCIATION DE MAMANS CONGOLAISES DE JACKSONVILLE, INC.

Current Principal Place of Business:

7352 SANDHURST RD S
JACKSONVILLE, FL 32277

New Principal Place of Business:

3864 RINGNECK DR
JACKSONVILLE, FL 32226

Current Mailing Address:

7352 SANDHURST RD S
JACKSONVILLE, FL 32277

New Mailing Address:

3864 RINGNECK DR
JACKSONVILLE, FL 32226

FEI Number: 26-0253507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KUBI, ANNY
3864 RINGNECK DR.
JACKSONVILLE, FL 32226 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 () Delete
Name: MALA, VICTORINE
Address: 7352 SANDHURST RD S
City-St-Zip: JACKSONVILLE, FL 32277

Title: V () Delete
Name: KUBI, ANNY
Address: 3830 UNIVERSITY BLVD S #28
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST () Delete
Name: TEMO, MONIA
Address: 10100 BAYMEADOWS RD #1309
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TEMO, MONIA M PRESIDE
Address: 2010 WILLES DON DR EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: T (X) Change () Addition
Name: MABUSI, MARYLOU N TREASUR
Address: 2010 WILLES DON DR EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: S (X) Change () Addition
Name: TSHILOMBO, MAMY M SECRETA
Address: 5774 ALDERFER SPRINGS DR
City-St-Zip: JACKSONVILLE, FL 32258

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: MONIA M TEMO

P

04/11/2009

Electronic Signature of Signing Officer or Director

Date