

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005009

FILED  
Mar 29, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3864 RINGNECK DR  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

**Current Mailing Address:**

3864 RINGNECK DR  
JACKSONVILLE, FL 32226

**New Mailing Address:**

**FEI Number:** 26-0253507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TSHIHAMBA, 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  
**Name:** KAHILA, VERONICA N PRESIDE  
**Address:** 3406 ADVANTAGE LANE  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** T  
**Name:** MABUSI, MARYLOU N TREASUR  
**Address:** 2010 WILLESDON DR EAST  
**City-St-Zip:** JACKSONVILLE, FL 32246

**Title:** S  
**Name:** TSHIHAMBA, ANNY K PUBLICR  
**Address:** 3864 RINGNECK DR  
**City-St-Zip:** JACKSONVILLE, FL 32226

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:** ANNY K. TSHIHAMBA

PUBL

03/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date