2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005360

FILED Mar 15, 2009 Secretary of State

Entity Name: GOVERNMENT COLLEGE UGHELLI OLD BOYS ASSOCIATION OF NORTH AMERICA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11335 WE TRINITY, F	DGEMERE DI FL 34655	RIVE			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
11335 WE TRINITY, F	DGEMERE DI FL 34655	RIVE			
FEI Number	: 26-0279338	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	s of New Registered Agent:	
11335 ŴE	WOMA CPA :DGEMERE DI FL 34655 L	RIVE JS			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (OMATETE, DR 11335 WEDGE TRINITY, FL 3	EMERE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (SAWYER, ERI 4662 RUSSEL' TALLAHASSEE	S POND LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P/AS (ODUARAN, EN 101 JOSHUA C MIDDLETOWN	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T (ONOKPISE, DI 2810 KENNES. TALLAHASSEE	AW PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
City-St-Zip:) Delete	Title:	() Change () Addition	

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: OMATETE, OGBEMI, O. (DR.) PRES 03/15/2009