## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000002314

Jun 2<u>2, 2</u>009

FILED

Secretary of State Entity Name: AMERO-CONGO RELIEF FOUNDATION INC

**Current Principal Place of Business: New Principal Place of Business:** 1167 NW, 49TH STREET 1167 NW 49TH STREET MIAMI, FL 33127 MIAMI, FL 33127 **Current Mailing Address: New Mailing Address:** 1167 NW,49TH STREET 1167 NW 49TH STREET MIAMI, FL 33127 MIAMI, FL 33127 FEI Number: 26-2328853 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: KAMBA, SOKOLONI F 1167 NW, 49TH STREET MIAMI, FL 33127 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete CEO () Change () Addition KAMBA, SOKOLONI F Name: Name: Address: 1167 NW, 49TH STREET Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: () Delete Title: () Change () Addition NKUBA, PATIENCE M Name: Name: Address: 1167 NW. 49TH STREET Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: () Delete Title: () Change () Addition BESTMAN, EVALINA W DR Name: Name: 9230 NW, 13TH COURT Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: ( ) Delete Title: DIR Title: () Change () Addition KABUANSEYA, JULIENNE N Name: Name: 501 NW, 56TH STREET Address: Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: DIR ( ) Delete Title: () Change () Addition KABUANSEYA, PATRICK K Name: Name: 501 NW, 56TH STREET Address: Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: () Delete Title: () Change () Addition KANDU, CANDY Name: Name: Address: 1167 NW, 49TH STREET Address: MIAMI, FL 33127 City-St-Zip: 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: KAMBA SOKOLONI F CEO 06/22/2009