

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005568

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** AFRICAN NETWORK OF SOUTHWEST FLORIDA, INC

**Current Principal Place of Business:**

3917 5 ST W  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

3917 5 ST W  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

**FEI Number:** 26-2805050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, ANGELINA  
2713 73RD STREET WEST  
LEHIGH ACRES, FL 33971 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:** PRES  
**Name:** WOKOCHA, EZE  
**Address:** 3917 5TH STREET WEST  
**City-St-Zip:** LEHIGH ACRES, FL 33971 US

**Title:** V. P  
**Name:** PETER, NDIANG'U  
**Address:** 4508 VARSITY LAKES CT  
**City-St-Zip:** LEHIGH ACRES, FL 33971 US

**Title:** SEC  
**Name:** EBENEZER, AKINOLA J  
**Address:** 570 RAINTREE STREET  
**City-St-Zip:** LEHIGH ACRES, FL 33974 US

**Title:** TRES  
**Name:** JOSEPH, ISANGA  
**Address:** 2790 CYPRESS TRACE CIRCLE #2225  
**City-St-Zip:** NAPLES, FL 34119 US

**Title:** D  
**Name:** OLATUNJI, KEKERE-EKUN  
**Address:** 15790 PORTOFINO SPRING BLVD #1802  
**City-St-Zip:** FORT MYERS, FL 33908

**Title:** D  
**Name:** FEMI, EHINDERO  
**Address:** 9712 CASA LINDA CT  
**City-St-Zip:** FORT MYERS, FL 33919

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:** EZE M WOKOCHA

PRES

04/21/2011

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

\_\_\_\_\_  
Date