

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009742

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** UMUNNA COMMUNITY ASSOCIATION FOUNDATION INC.

**Current Principal Place of Business:**

7502 SAVANNAH GRAND AVENUE #2203  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680845  
ORLANDO, FL 328680845

**New Mailing Address:**

**FEI Number:** 26-3610356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NNONYELU, LAWRENCE C  
7502 SAVANNAH GRAND AVENUE #2203  
WINTER PARK, FL 32792 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: NNONYELU, LAWRENCE C  
Address: 7502 SAVANNAH GRAND AVENUE #2203  
City-St-Zip: WINTER PARK, FL 32792

Title: S ( ) Delete  
Name: OGUIKE, OBIOMA  
Address: 541 NEW ENGLAND COURT #204  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete  
Name: COLLINS, PATIENCE  
Address: 1409 MONITOR AVENUE  
City-St-Zip: ORLANDO, FL 32818

Title: S ( ) Delete  
Name: UKAZIM, CHEKWAS  
Address: 2047 COBBLE-FIELD CIRCLE  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: NWEAE, EMEKA  
Address: 12754 ALEGUAS LANE  
City-St-Zip: ORLANDO, FL 32825

Title: D ( ) Delete  
Name: MBIONWU, OSCAR  
Address: 2183 HEALTHWOOD CIRCLE  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LAWRENCE NNONYELU

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date