

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010549

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: NYOKA PLACE, INC.

**Current Principal Place of Business:**

2534 WOODS EDGE CIRCLE  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

2534 WOODS EDGE CIRCLE  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 26-3008760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALCOLM, NYOKA  
2534 WOODS EDGE CIRCLE  
ORLANDO, FL 32817 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: D ( ) Delete  
Name: MALCOLM, NYOKA  
Address: 2534 WOODS EDGE CIRCLE  
City-St-Zip: ORLANDO, FL 32817

Title: D ( ) Delete  
Name: MALCOLM, NOEL  
Address: 1353 BENEVOLENT STREET  
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete  
Name: YOUNG, SHIRLEY  
Address: 492 TWIN OAKS ROAD  
City-St-Zip: UNION, NY 07083

**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:

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: NYOKA MALCOLM

DIR.

04/10/2009

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

\_\_\_\_\_  
Date