2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

DOCUMENT# N10000005142

Entity Name: UNIVERSITY INSTITUTE OF THE DIOCESE OF BUEA FOUNDATION, INC.

Current Principal Place of Business:

3751 MARYWEATHER LANE
SUITE 102B
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

3830 TURMAN LOOP
SUITE 102B
WESLEY CHAPEL, FL 33544

Current Mailing Address:

3751 MARYWEATHER LANE
SUITE 102B
WESLEY CHAPEL, FL 33544

New Mailing Address:

3830 TURMAN LOOP
SUITE 102B
WESLEY CHAPEL, FL 33544

FEI Number: 27-2986432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, MONEQUE S ESQ.
3751 MARYWEATHER LANE
SUITE 102
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

WALKER, MONEQUE S ESQ.
3830 TURMAN LOOP
SUITE 102
WESLEY CHAPEL, FL 33544 US

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: MONEQUE S. WALKER, ESQ 02/16/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: MULLEN, AUSTIN MONSGNR
Address: 6 ROOSEVELT BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

Title: DVPT
Name: LEKE, CHARLES FR.
Address: 550 US HWY 41 S
City-St-Zip: INVERNESS, FL 34450

Title: DVP
Name: WALKER, MONEQUE S ESQ.
Address: 3830 TURMAN LOOP, STE 102
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: DP
Name: JINGWA, GEORGE NKEZE FR.
Address: 6 ROOSEVELT BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

Title: DS
Name: NKEZE, NAMURA K
Address: 11115 50TH AVE S
City-St-Zip: TUKWILA, WA 98178

Title: D
Name: CALLUENG, ZINNIA DR.
Address: 5769 N ELKCAM BLVD
City-St-Zip: BEVERLY HILLS, FL 34465

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: MONEQUE S. WALKER DVP 02/16/2012
Electronic Signature of Signing Officer or Director Date