

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90006 006 ****70.00

DOCUMENT # N39899	
1. Entity Name CHIUMBA ENSEMBLE, INC.	

Principal Place of Business 3216 A.S.W. 26 TERRACE GAINESVILLE FL 32608 US	Mailing Address P. O. BOX 140932 GAINESVILLE FL 32614 US
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2. Principal Place of Business - No P.O. Box # 3310 SW 26 Way		3. Mailing Address Suite A	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc.	
City & State Gainesville, FL.		City & State	
Zip 32608	Country USA	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 65-0207788		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NGOZI, QUEENCHIKU 3216 A.S.W. 26 TERRACE GAINESVILLE FL 32608		
7. Name and Address of New Registered Agent Name Queenchiku Ngozi Street Address (P.O. Box Number is Not Acceptable) 3310-A SW 26 WAY City Gainesville FL Zip Code 32608		

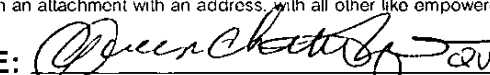
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2-14-07**
(NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	DT- NGOZI, QUEENCHIKU 3216 A.S.W. 26 TERRACE GAINESVILLE FL 32608 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	DT Ngozi, Queenchiku 3310-A S.W. 26 WAY Gainesville, FL. 32608 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D NGOZI, NGINZHA 3216 A.S.W. 26 TERRACE GAINESVILLE FL 32608 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D NGOZI, NGINZHA 3310-A SW 26 WAY GAINESVILLE, FL. 32608 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D SPEIGHT, CARL 3216 A.S.W. 26 TERRACE GAINESVILLE FL 32608 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Speight, CARL 3310-A SW 26 WAY GAINESVILLE, FL. 32608 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DOUGLASS, SHAWN 10960 SW 15 ST. PEMBROKE PINES FL 33026 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Rebecca Barger 311 Clark Street Starke, FL. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Betsy Miller 5620 NW 34 Street, Apt 6 Gainesville, FL. 32653 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Queenchiku Ngozi, Executive Dir. 2/14/07 3526924978**