

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000683 (4)

1. Corporation Name

THE AFRICAN COMMUNITY ASSOCIATION OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

4866 INDIALNTIC DR
ORLANDO FL 32808
US

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ORLANDO FL 32808
US

3. Date Incorporated or Qualified

12/07/1992

3a. Date of Last Report

08/16/1995

4. FEI Number

59-3148156

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 2702

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 ORLANDO

24 Zip

25 Country

29 FL 32802

30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENEMCHUKWU, OBI
95 GENEVA DRIVE
OVIEDO FL 32785

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OTU, ITU
STREET ADDRESS 4866 INDIALNTIC DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME ENEMCHUKWU, CECILIA
STREET ADDRESS 95 GENEVA DR
CITY-ST-ZIP OVIEDO FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE FSD
NAME COLLINS, PATIENCE
STREET ADDRESS 1409 MONITOR AVE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Y
NAME NWEZE, FELICIA
STREET ADDRESS 1303 SUMMERWIND DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PRO
NAME OLOROCHUKWU, VICTOR
STREET ADDRESS 3602 RANCHWOOD RD
CITY-ST-ZIP ORLANDO FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ENEMCHUKWU, OBI
STREET ADDRESS 95 GENEVA DR
CITY-ST-ZIP OVIEDO FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-96
Date

407) 344-2677
Daytime Phone #

CR2E037 (3/96)