



FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 FLO RIDA, INC.			
Principal Place of Business 4866 INDIALNTIC DR ORLANDO FL 32808 US		Mailing Address P.O. BOX 2702 ORLANDO FL 32802-2702 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Incorporated or Qualified 12/07/1992		3a. Date of Last Report 07/31/1996	
4. FEI Number 59-3148156		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent ENEMCHUKWU, OBI 95 GENEVA DRIVE OVIEDO FL 32765		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PD	OTU, ITU	4866 INDIALNTIC DR ORLANDO FL
			<input type="checkbox"/> DELETE
	S	ENEMCHUKWU, CECILIA	95 GENEVA DR OVIEDO FL
			<input type="checkbox"/> DELETE
	FSD	COLLINS, PATIENCE	1409 MONITOR AVE ORLANDO FL
			<input type="checkbox"/> DELETE
	T	NWEZE, FELICIA	1303 SUMMERWIND DR ORLANDO FL
			<input type="checkbox"/> DELETE
	PRO	OLOROCHUKWU, VICTOR	3602 RANCHWOOD RD ORLANDO FL
			<input type="checkbox"/> DELETE
	D	ENEMCHUKWU, OBI	95 GENEVA DR OVIEDO FL
			<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)