

2005 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000683

1. Entity Name

THE AFRICAN COMMUNITY ASSOCIATION OF CENTRAL FLO

Principal Place of Business

Mailing Address

~~P.O. BOX 1460~~

~~ORLANDO FL 32802-1460~~

US P.O. BOX 621812

OVIEDO FL 32762-1812

~~P.O. BOX 1460~~

~~ORLANDO FL 32802-1460~~

US FL 32762-1812

OVIEDO

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3148156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ENEMCHUKWU, OBI
91 GENEVA DRIVE
OVIEDO FL 32765

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ENEMCHUKWU, OBI
STREET ADDRESS 91 GENEVA DRIVE
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME OLASIMBO, NOBLE
STREET ADDRESS 2768 FOXDALE DRIVE
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME JOHN, ADEMOLA
STREET ADDRESS 5654 PINE CHASE DR
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME OTU, ITU
STREET ADDRESS 3602 RANCHWOOD RD
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

Obi Enemchukwu (OBI ENEMCHUKWU) President 2/13/05 (407) 366-2677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)