## DOCUMENT # N9200000683

## THE AFRICAN COMMUNITY ASSOCIATION OF CENTRAL FLO

## FILED Apr 20, 2005 8:00 am Secretary of State

Pincipal Place of Business Page 140	111 <b>2</b> 7411		arrior or otherwise			04-20-2005 90344 009		
2. Principal Place of Business   3. Mailing Address   DO NOT WRITE IN THIS SPACE    City & State   A. FEI Number   59-3148156   Applied File   Not Applied    Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Addisonal Fee Required    For Required   Required   Required   Required   Required   Required   Required   Required    ENEMCHUKWU, OBI   91 GENEVA DRIVE   OVEDO FL 32765    Streat 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   Syname, based or printer from of registered agent and state purpose of changing in registered office or registered agent, or both, in the state of Florida.  FILE NOW:   9. Election Campaign Financing   \$5.00 May 88 Added to Fees   Operation of State    FILE NOW:   9. Election Campaign Financing   Number   Numb	P.O. BOX 1460 ORLANDO FL	) <del>92002-1480</del>	/ <del>P.O80% 146</del> 0 -ORLANDO-FL-32802-1460	J. BOX 62/81		2000 2000	V.1.2	
2. Principal Place of Business   3. Mailing Address    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE    City & State   City & State   4. FEI Number 59-3148156   Accident    Zip   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Additional Fee Required    Fee Required   See See See See See See See See See S	Pi	2 Box 651815	96 FE 37	16215				
Suite, Apt. #, etc	OVIED	00 FL 32762-18	12			<u> </u>	()) <b>11111 1</b> 1111 1	
City & State  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  Searcy Search  For Required  For Require	2. Principal Pl	lace of Business 1	3. Mailing Address					
Second control   Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
SIGNATURE  FILE NOW:  FILE NOW:  FILE SIGNATURE  SIGNATURE  FILE NOW:  FILE N	City & State	9	City & State		4. FEI Numbe	59-3148156		pplied For
ENEMCHUKWU, OBI 91 GENEVA DRIVE OVIEDO FL 32765  City  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, types or pured rise of registered agent and title if applicable.  FILE NOW:  FILE NOW:  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Make Check Payable to Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  INTE ENEMCHUKWI, OBI 91 GENEVA DRIVE OVIFOO FL 32765  CITY-SI-ZIP  OLASIMBO, NOBLE TITLE TO OLASIMBO, NOBLE TITLE TO OLASIMBO, NOBLE TITLE TITLE TO OLASIMBO, NOBLE TITLE TO OLASIMBO TO	Zip	Country	Zip	Country	5. Certificate		\$8.75 Add	titional
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91 GENEVA DRIVE OVIEDO FL 32765  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, hipset or printed dame of registered agent and tide if applicable.   (NOTE: Registered Agent signature required when rendstating)   DATE				Name				
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  Stipnature, hipped or purited rights of legistered agent and title if applicable. (NOTE: Registered Agent signature recurred when rendating)  FILE NOW:	91 6	GENEVA DRIVE		Street Address	s (P.O. Box Numbe	r is Not Acceptable)	-	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida.  SIGNATURE    Signature, typed or purised rame of registered agent and still if applicable.   (NOTE: Registered Agent signature recoursed when revisitating)   DATE	OVIE	EDO FL 32/65						
SIGNATURE    Signature   Signa				City		FL	Zip Cod	е
FILE NOW: FILE N			or the purpose of changing its	registered office or regisl	ered agent, or bot	h, in the state of Fiorida.		
FILE NOW: FEE IS \$61.25  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  IIILE NAME SIREET ADDRESS CITY-ST-ZIP OLASIMBO, NOBLE STREET ADDRESS CITY-ST-ZIP DELTONA F1 32738 SIREET ADDRESS CITY-ST-ZIP DELTONA F1 32738 SIREET ADDRESS CITY-ST-ZIP ORLANDE SIREET ADDRESS CITY-ST-ZIP ORLANDE SIREET ADDRESS CITY-ST-ZIP DELTONA F1 32738 SIREET ADDRESS CITY-ST-ZIP ORLANDE SI			at and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating)	DATE		
PD		: ::::: :::::::::::::::::::::::::::::	Trust Fund Contrib	oution. Add	ed to Fees	Department	of State	
NAME STREET ADDRESS CITY-ST-ZIP OVIEDO FL 32765  TITLE TO Delete TITLE CITY-ST-ZIP DELTONA FL 32738  STREET ADDRESS CITY-ST-ZIP DELTONA FL 32808		1 4		<del></del>	ADDITIONS/CHA	ANGES TO OFFICERS AND DI		
TITLE TO Delete TITLE NAME OLASIMBO, NOBLE STREET ADDRESS CITY-ST-ZIP DELTONA FL 32738  TITLE NAME JOHN, ADEMOLA STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808  TITLE NAME OTU, ITU  Delete TITLE NAME OTU, ITU  Delete TITLE NAME NAME NAME NAME NAME NAME NAME NAM	NAME STREET AODRESS	ENEMCHUKWÜ, OBI 91 GENEVA DRIVE	□ Delete	NAME STREET ADDRESS			Unange	☐ Addition
TITLE SD Delete TITLE NAME  NAME JOHN, ADEMOLA  STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32808  TITLE D Delete TITLE  NAME  NAME  OTU, ITU  Change ACC	NAME STREET ADDRESS	TD OLASIMBO, NOBLE 2768 FOXDALE DRIVE	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition
TITLE D Defete TITLE Change AC	NAME STREET ADDRESS	SD JOHN, ADEMOLA 5654 PINE CHASE DR	Delete	NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP ORLANDO FL 32808 CITY-ST-ZIP	NAME STREET ADDRESS	D OTU, ITU 3602 RANCHWOOD RD	☐ Delete	NAME STREET ADDRESS			Change	Addition
	NAME STREET ADDRESS	UNIANUU FL 32000	☐ Defete	NAME STREET ADDRESS			Change	☐ Addition
	TITLE NAME	Section 1	☐ Delete	TITLE NAME			☐ Change	☐ Addition
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 direction of the control of the con	CITY-ST-ZIP	certify that the information supplied wi	th this filing does not qualify fo	v the exemption stated in	Section 119.07(3)(	), Florida Statutes, I further cer	tify that the	information

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OBI ENEMCHUEWN) President