


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT #</b> N92000000683  |  |
| <b>1. Entity Name</b><br>THE AFRICAN COMMUNITY ASSOCIATION OF CENTRAL FLORIDA, INC. |   |

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>P O BOX 621812<br>OVIEDO FL 37262<br>US | <b>Mailing Address</b><br>P O BOX 621812<br>OVIEDO FL 37262<br>US |
|---|---|



|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |

1st MOORE CR2E037 (10/05)

**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**

ENEMCHUKWU, OBI  
91 GENEVA DRIVE  
OVIEDO FL 32765

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--|---|--|

**10. OFFICERS AND DIRECTORS**

|                        |                    |                                 |
|------------------------|--------------------|---------------------------------|
| <b>TITLE</b>           | <b>NAME</b>        | <input type="checkbox"/> Delete |
| PD                     | ENEMCHUKWU, OBI    |                                 |
| <b>STREET ADDRESS</b>  | 91 GENEVA DRIVE    |                                 |
| <b>CITY - ST - ZIP</b> | OVIEDO FL 32765    |                                 |
| <b>TITLE</b>           | <b>NAME</b>        | <input type="checkbox"/> Delete |
| TD                     | OLASIMBO, NOBLE    |                                 |
| <b>STREET ADDRESS</b>  | 2768 FOXDALE DRIVE |                                 |
| <b>CITY - ST - ZIP</b> | DELTONA FL 32738   |                                 |
| <b>TITLE</b>           | <b>NAME</b>        | <input type="checkbox"/> Delete |
| SD                     | JOHN, ADEMOLA      |                                 |
| <b>STREET ADDRESS</b>  | 5654 PINE CHASE DR |                                 |
| <b>CITY - ST - ZIP</b> | ORLANDO FL 32808   |                                 |
| <b>TITLE</b>           | <b>NAME</b>        | <input type="checkbox"/> Delete |
| D                      | OTU, ITU           |                                 |
| <b>STREET ADDRESS</b>  | 3602 RANCHWOOD RD  |                                 |
| <b>CITY - ST - ZIP</b> | ORLANDO FL 32808   |                                 |
| <b>TITLE</b>           | <b>NAME</b>        | <input type="checkbox"/> Delete |
|                        |                    |                                 |
| <b>TITLE</b>           | <b>NAME</b>        | <input type="checkbox"/> Delete |
|                        |                    |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                        |             |   |
|------------------------|-------------|---|
| <b>TITLE</b>           | <b>NAME</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |             |   |
| <b>STREET ADDRESS</b>  |             |   |
| <b>CITY - ST - ZIP</b> |             |   |
|                        |             |   |
| <b>TITLE</b>           | <b>NAME</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |             |   |
| <b>STREET ADDRESS</b>  |             |   |
| <b>CITY - ST - ZIP</b> |             |   |
|                        |             |   |
| <b>TITLE</b>           | <b>NAME</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |             |   |
| <b>STREET ADDRESS</b>  |             |   |
| <b>CITY - ST - ZIP</b> |             |   |
|                        |             |   |
| <b>TITLE</b>           | <b>NAME</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                        |             |   |
| <b>STREET ADDRESS</b>  |             |   |
| <b>CITY - ST - ZIP</b> |             |   |
|                        |             |   |

**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:** *OBI ENEMCHUKWU* **OBI ENEMCHUKWU** **4-18-06** **407 366 2677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #