

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90055 005 \*\*\*\*61.25

**DOCUMENT # N92000000683**

1. Entity Name

**THE AFRICAN COMMUNITY ASSOCIATION OF CENTRAL  
FLORIDA, INC.**



Principal Place of Business

P O BOX 621812  
OVIEDO FL 37262  
US

Mailing Address

P O BOX 621812  
OVIEDO FL 37262  
US



2. Principal Place of Business - No P.O. Box #

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 **ENEMCHUKWU, OBI**

Street Address (P.O. Box Number is Not Acceptable)  
**1021 WILD PINE RD**

City **MIMS**

**FL**

Zip Code **32754**

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 *OBI ENEMCHUKWU* **OBI ENEMCHUKWU**

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

(NOTE: Registered Agent signature required when reinstating)

**4-25-07**

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **ENEMCHUKWU, OBI**  
STREET ADDRESS **1021 WILD PINE RD**  
CITY- ST- ZIP **MIMS FL 32754**

TITLE **D** ☐ Change ☒ Addition  
NAME **COLLINS, SYLVESTER**  
STREET ADDRESS **1409 MONITOR AVE**  
CITY- ST- ZIP **ORLANDO, FL 32818**

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

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

TITLE ☐ Change ☐ Addition  
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 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**

**4-25-07**

**407 366 2677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #