

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000683

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE AFRICAN COMMUNITY ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

P O BOX 621812
OVIEDO, FL 37262 US

New Principal Place of Business:

1021 WILD PINE RD
MIMS, FL 37254 US

Current Mailing Address:

P O BOX 621812
OVIEDO, FL 37262 US

New Mailing Address:

FEI Number: 59-3148156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENEMCHUKWU, OBI
1021 WILD PINE RD
MIMS, FL 32754 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ENEMCHUKWU, OBI
Address: 1021 WILD PINE RD
City-St-Zip: MIMS, FL 32754

Title: TD () Delete
Name: OLASIMBO, NOBLE
Address: 2768 FOXDALE DRIVE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: OTU, ITU
Address: 3602 RANCHWOOD RD
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: COLLINS, SYLVESTER
Address: 1409 MONITOR AVE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OBIENEMCHUKWU

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date