

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90111 046 ****61.25

DOCUMENT # N92000000683

1. Entity Name

**THE AFRICAN COMMUNITY ASSOCIATION OF CENTRAL FLO
RIDA, INC.**



Principal Place of Business

**P.O. BOX 1460
ORLANDO FL 32802-1460
US**

Mailing Address

**P.O. BOX 1460
ORLANDO FL 32802-1460
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**

☐ CHECK HERE IF MAKING CHANGES

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

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
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 ☐ 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

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 empowerments.

SIGNATURE:

OB ENEMCHUKWU President

3/27/03 (407) 366 2677

CR2E037 (10/02)