

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N92000000959 (8)**

1. Corporation Name

**GHANA NEUROLOGICAL FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**3104 WEST WATERS AVE.  
SUITE 103  
TAMPA FL 33614**

**3104 WEST WATERS AVE.  
SUITE 103  
TAMPA FL 33614**

3. Date Incorporated or Qualified

**12/28/1992**

3a. Date of Last Report

**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

**59-3162106**

Applied For

Not Applicable

5. Certificate of Status Desired



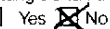
**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes



10. Name and Address of New Registered Agent

**ANDERSON, WALLACE B JR.  
BARNETT PLAZA, SUITE 1240  
101 E. KENNEDY BLVD.  
TAMPA FL 33602**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **NYAKO, RICHARD A**  
STREET ADDRESS **3104 W. WATERS AVE., SUITE 103 206**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE **D** ☐ DELETE  
NAME **WIAREK, BARBARA**  
STREET ADDRESS **8507 NORTH BRANCH AVE.**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **D** ☐ DELETE  
NAME **GLOVER, KOPI**  
STREET ADDRESS **15003 MORNING DRIVE**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ DELETE  
NAME **YEON, HOCK**  
STREET ADDRESS **1156 SOUTH EAST AVE.**  
CITY-ST-ZIP **OAK PARK IL**

TITLE **D** ☐ DELETE  
NAME **APPIA-NYAKO, MAXWELL**  
STREET ADDRESS **P.O. BOX 107**  
CITY-ST-ZIP **GHANA, WEST AFRICA**

TITLE **D** ☐ DELETE  
NAME **HOLBROOKS, TONY**  
STREET ADDRESS **14535 BRUCE B DOWN BLVD., #2002**  
CITY-ST-ZIP **TAMPA FL 33613**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition  
12 NAME **Suite 206**  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/96 (83)9352129

Date

Daytime Phone #

CR2E037 (12/95)