

# 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 # N93000004245 (7)**

1. Corporation Name

**GHANAIAN ASSOCIATION OF SOUTH FLORIDA, INC.**

Principal Place of Business

15840 SW 102 AVE  
MIAMI FL 33157  
US

Mailing Address

P.O. BOX 6456  
FORT LAUDERDALE FL 33310  
US



3. Date Incorporated or Qualified

**09/17/1993**

3a. Date of Last Report

**08/17/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TWENEBOAH, KWAME**  
**613 SW 76 AVE**  
**NORTH LAUDERDALE FL 33068**

81 Name

**SAMUEL A. NYANTE**

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

**22475 LABRADOR ST**

83

84 City

**BOCA RATON**

**FL**

85 Zip Code

**33428**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/19/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **KAKRAH, JAMES**  
STREET ADDRESS **15840 SW 102 AVE**  
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **PD**  
STREET ADDRESS **3396 FOXCROFT BLDG #102**  
CITY-STATE-ZIP **MIRAMAR FL**

TITLE ☐ DELETE

NAME **SD**  
STREET ADDRESS **KUBAYANDA, GILBERT**  
CITY-STATE-ZIP **1871 NW 42 TERR #E207**  
**LAUDERDILL FL**

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **TWENEBOAH, KWAME**  
CITY-STATE-ZIP **4033 LAKESIDE DR**  
**TAMARAC FL**

TITLE ☐ DELETE

NAME **PR**  
STREET ADDRESS **AMOA, DEVINE**  
CITY-STATE-ZIP **10121 COSTA DEL SOL BLVD**  
**MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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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

Date

Daytime Phone #

**2/18/96** **437-7456 OR**  
**556-8438**

CR2E037 (12/95)