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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Matham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004245 (7)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**15840 SW 102 AVE  
MIAMI FL 33157  
US**

**P.O. BOX 6456  
FORT LAUDERDALE FL 33310  
US**



3. Date Incorporated or Qualified

**09/17/1993**

4. FEI Number

**65-0438024**

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**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**23 Zip**

**25 Country**

**28 Zip**

**30 Country**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NYANTE, SAMUEL A.  
22475 LABRADOR STREET  
BOCA RATON FL 33428**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **KAKRAH, JAMES**  
STREET ADDRESS **15840 SW 102 AVE**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **PRESIDENT PD** ☒ Change ☐ Addition  
1.2 NAME **TONY DZEGEDE**  
1.3 STREET ADDRESS **2801 SW 15TH**  
1.4 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **VPD** ☒ DELETE  
NAME **MOMAN, VICKY MRS.**  
STREET ADDRESS **3396 FOXCROFT BLDG #102**  
CITY-ST-ZIP **MIRAMAR FL**

2.1 TITLE **VICE PRESIDENT VPD** ☒ Change ☐ Addition  
2.2 NAME **SAMUEL NYANTE**  
2.3 STREET ADDRESS **22475 LABRADOR ST**  
2.4 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **SD** ☒ DELETE  
NAME **TAGDE, NIL MR.**  
STREET ADDRESS **2821 SOMERSET DRIVE, #202**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

3.1 TITLE **SEC SD** ☒ Change ☐ Addition  
3.2 NAME **GILBERT KUBAYANDA**  
3.3 STREET ADDRESS **1871 NW 42 TERR, E207**  
3.4 CITY-ST-ZIP **LAUDERHILL FL**

TITLE **T** ☒ DELETE  
NAME **NYANTE SAMUEL A.**  
STREET ADDRESS **22475 LABRADOR STREET**  
CITY-ST-ZIP **BOCA RATON FL**

4.1 TITLE **VICE SEC ASD** ☒ Change ☐ Addition  
4.2 NAME **KWAME DANSO**  
4.3 STREET ADDRESS **6621 NERVIA ST**  
4.4 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **DR** ☒ DELETE  
NAME **KWARU, ADGEL MR.**  
STREET ADDRESS **17168 S.W. 144 PLACE**  
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE **T** ☒ Change ☐ Addition  
5.2 NAME **KWAME TWENEBOAH**  
5.3 STREET ADDRESS **613 SW 76 AVE**  
5.4 CITY-ST-ZIP **FT LAUDERDALE FL 33068**

TITLE **ASD** ☒ DELETE  
NAME **LARBI, DAVID**  
STREET ADDRESS **3825 NW 183 STREET**  
CITY-ST-ZIP **CAROL CITY FL**

6.1 TITLE **PUBLIC RELATIONS DR** ☒ Change ☐ Addition  
6.2 NAME **KWASI FYNN**  
6.3 STREET ADDRESS **440 SW 176 AVE**  
6.4 CITY-ST-ZIP **DEMBROKE PINES FL 33029**

14. 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 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:

**SAMUEL NYANTE**

**2/12/98 (561 9556453)**

CR2E037 (10/97)