

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90002 022 ****75.00

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1. Entity Name
LIBERIAN ASSOCIATION OF SOUTH FLORIDA, INC.



Principal Place of Business
P.O. BOX 8026
FT LAUDERDALE, FL 33310 US

Mailing Address
P.O. BOX 8026
FT LAUDERDALE, FL 33310 US

50026279



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

08142006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0481178

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLAH, CHERYL
724 NEW LAKE DR.
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name **James N. Goodridge**
Street Address (P.O. Box Number is Not Acceptable)
1140 NE 203 ST.
City **Miami** FL Zip Code **33179**

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

8-21-2006

Filing Fee is \$61.25
Due by September 6, 2006

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	<input checked="" type="checkbox"/> Delete
NAME	MASSAQUOI, PATRIK	
STREET ADDRESS	2211 SW 43RD WAY	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33317	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PATTERSON, JAMES	
STREET ADDRESS	1740 WINDORAH WAY APT F	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, AMY M	
STREET ADDRESS	6603 CONSTANCE ST	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	YANKOON, JOE N	
STREET ADDRESS	A-520 NW 36 ST 408	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Goodridge	
STREET ADDRESS	1140 NE 203 ST	
CITY-ST-ZIP	Miami, FL 33179	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francis Morlu	
STREET ADDRESS	291 Sara toga Blvd E	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Amy Williams	
STREET ADDRESS	6603 Constance St	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chris Salieba	
STREET ADDRESS	7308 NW 57th Dr.	
CITY-ST-ZIP	Tamarac, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 to this address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-2006 **954-974-4479**
Date Daytime Phone #