

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90224 009 ****75.00

DOCUMENT # N94000001225

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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 **FLAH, CHERYL**
STREET ADDRESS **724 NEW LAKES DR**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE **VPD** ☒ Delete
NAME **GOODRIDGE, JIMMY**
STREET ADDRESS **1140 NE 203 STREET**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **S** ☒ Delete
NAME **DENNIS, PRECIOUS**
STREET ADDRESS **ADA CHIPPEWA SQUARE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **T** ☐ Delete
NAME **YANKPOR, JOE N**
STREET ADDRESS **4520 NW 36 ST 408**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33319**

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 **PR** ☒ Change ☐ Addition
NAME **PATRICK MASSAGUOI**
STREET ADDRESS **2211 SW 43rd Way**
CITY-ST-ZIP **FT. Lauderdale, FL. 33317**
(President)

TITLE **VPD** ☐ Change ☐ Addition
NAME **JAMES PATTERSON**
STREET ADDRESS **1740 Windward Way Apt. F**
CITY-ST-ZIP **West Palm Beach, FL. 33411**

TITLE **Sect.** ☐ Change ☐ Addition
NAME **AMY M. WILLIAMS**
STREET ADDRESS **6603 Constance St.**
CITY-ST-ZIP **Lake Worth, FL. 33467**

TITLE ☐ Change ☐ Addition
NAME **JOE N. YANKOON**
STREET ADDRESS **4520 NW 36 St. 408**
CITY-ST-ZIP **LAUDERDALE LAKES, FL. 33319**

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 empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)