

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 28, 1999 8:00 am  
Secretary of State

07-28-1999 90003 006 \*\*\*\*70.00

DOCUMENT # N96000006179

1. Corporation Name

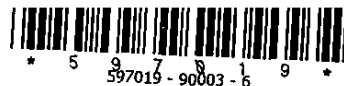
AFRICAN CATHOLIC COMMUNITY OF SOUTH FLORIDA, INC

Principal Place of Business

2099 N.W. 141TH STREET #2  
OPA-LOCKA FL 33054

Mailing Address

135 NW 163RD ST  
MIAMI FL 33169



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/05/1996

4. FEI Number

65-0713486

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

9. Name and Address of Current Registered Agent

OKORO, BARTHOLOMEW  
135 N.W. 163RD STREET  
MIAMI FL 33169

10. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	EMMANUEL, DR.	
STREET ADDRESS	2238 S. MIAMI AVE. N.W.	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EMMANUEL, OBIESIE	
STREET ADDRESS	2530 N.W. 131 STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARTHOLOMEW, OKORO	
STREET ADDRESS	135 NW 163RD STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OGUGUA, CHRIS	
STREET ADDRESS	2099 N.W. 141TH STREET #2	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OGWO, NGOZI	
STREET ADDRESS	2099 N.W. 141TH STREET #2	
CITY-ST-ZIP	OPA-LOCKA FL 33054	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OKANI, OBY	
STREET ADDRESS	2099 N.W. 141TH STREET #2	
CITY-ST-ZIP	OPA-LOCKA FL 33054	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 687, Florida Statutes; and that my name appears in Block 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (5/99)