2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000006179

Current Principal Place of Business:

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

OGUGUA, CHRIS

OGWO, NGOZI

OKANI, OBY

2099 N.W. 141TH STREET #2

2099 N.W. 141TH STREET #2

2099 N.W. 141TH STREET #2

() Delete

(X) Delete

OPA-LOCKA, FL 33054

OPA-LOCKA, FL 33054

OPA-LOCKA, FL 33054

Entity Name: AFRICAN CATHOLIC COMMUNITY OF SOUTH FLORIDA, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

New Principal Place of Business:

2099 N.W. 141TH STREET #2 OPA-LOCKA, FL 33054 **Current Mailing Address: New Mailing Address:** 135 NW 163RD ST MIAMI, FL 33169 FEI Number: 65-0713486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OKORO, BARTHOLOMEW OGUGUA, CHARLES 13250 NW 28 AVENUE 135 N.W. 163RD STREET US MIAMI, FL 33169 OPA-LOCKA, FL 33054 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. SIGNATURE: IKE CHARLES OGUGUA 04/30/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition EMMANUEL, DR. OKPALA, EMMANUEL Name: Name: 2238 S. MIAMI AVE. N.W. Address: 2099 NW 141 STREET #2 Address: City-St-Zip: MIAMI, FL 33129 City-St-Zip: OPA-LOCKA, FL 33054 Title: Title: (X) Change () Addition () Delete EMMANUEL, OBIESIE Name: OGWO, NGOZI Name: Address: 2530 N.W. 131 STREET Address: 135 NW 163 STREET City-St-Zip: MIAMI, FL 33167 City-St-Zip: MIAMI, FL 33169 Title: VD () Delete Title: (X) Change () Addition BARTHOLOMEW, OKORO Name: OSUJI, CHINWE Name: 135 NW 163RD STREET 109 NW 110 STREET Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: MIAMI SHORES, FL 33168 Title: SD () Delete Title: SD (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

OGUGUA, CHARLES 13250 NW 28 AVENUE

255 NE 148 STREET

OKANY, JUDE

MIAMI, FL 33161

OPA-LOCKA, FL 33054

(X) Change () Addition

() Change () Addition

SIGNATURE: IKE CHARLES OGUGUA SD 04/30/2002