

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000001833		
1. Entity Name UMUNNA COMMUNITY ASSOCIATION OF FLORIDA, INC.		

Principal Place of Business PO BOX 680599 ORLANDO, FL 32868	Mailing Address PO BOX 680599 ORLANDO, FL 32868
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
OKAFOR, FORSTER 3138 ATWATER DRIVE ORLANDO, FL 32825-7115	

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.	
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SIGNATURE <u>Forster Okafor</u>	(NOTE: Registered Agent Signature required when reinstating)	DATE <u>8/9/2006</u>
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FILE NOW!!! FEE IS \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB CHINO, ORIALA 7002 CHARINGMOOR COURT ORLANDO, FL 32818 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OKAFOR, FORESTER 3138 ATWATER DRIVE ORLANDO, FL 32825 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MBIONWU, OSCAR 3020 HARTLAND CT. ORLANDO, FL 32825 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UCHEGBU, MAURICE 6845 MERITMOOR CIRCLE ORLANDO, FL 32818 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS UKAZIM, CHEKWAS 2047 COBBLE-FIELD CIRCLE APOPKA, FL 32703 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFODILE, CLEMENT 6656 GUNNEL COURT ORLANDO, FL 32809 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB NKEM UDE 10539 BROWN PL. ORL. FL. 32825 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100080042761 09/21/06--01056--005 ***297.50 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 9/17/06 REINSTATEMENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN CHUKWU 604 HAWAIIAN WAY KISSIMEE FL 34758 ☐ Change ☒ Addition

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 with an address, with all other like empowered.	
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SIGNATURE: <u>Maurice Uchebu</u>	7/19/06
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FILED
2006 SEP 18 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07222006 REIN-NP CR2E099 (11/05) 05-06

4. FEI Number
59-3457726 Applied For
Not Applicable

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

7. Name and Address of New Registered Agent	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	
FL	Zip Code _____

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SIGNATURE: <u>Maurice Uchebu</u>	7/19/06
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