2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N97000001833

Entity Name: UMUNNA COMMUNITY ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

3136 ATWATER DRIVE
ORLANDO, FL 328257115 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 680845
ORLANDO, FL 328680845 US

New Mailing Address:

FEI Number: 59-3457726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OKAFOR, FORSTER
3136 ATWATER DRIVE
ORLANDO, FL 328257115 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	CB	( ) Delete
Name:	UDE, NKEM	
Address:	10539 BROWN PLACE	
City-St-Zip:	ORLANDO, FL 32835	
Title:	PD	( ) Delete
Name:	OKAFOR, FORESTER	
Address:	3136 ATWATER DRIVE	
City-St-Zip:	ORLANDO, FL 32825	
Title:	D	( ) Delete
Name:	MBIONWU, OSCAR	
Address:	3020 HARTLAND CT.	
City-St-Zip:	ORLANDO, FL 32825	
Title:	SD	( ) Delete
Name:	UCHEGBU, MAURICE	
Address:	6645 MERITMOOR CIRCLE	
City-St-Zip:	ORLANDO, FL 32818	
Title:	FS	( ) Delete
Name:	UKAZIM, CHEKWAS	
Address:	2047 COBBLE-FIELD CIRCLE	
City-St-Zip:	APOPKA, FL 32703	
Title:	D	( ) Delete
Name:	CHUKWU, MARTIN	
Address:	604 HAWAIAN WAY	
City-St-Zip:	KISSIMMEE, FL 34758	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: UKAZIM CHEKWAS FS 04/15/2008

Electronic Signature of Signing Officer or Director — Date