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May 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003022 (7)

1. Corporation Name

THE AFRICAN RELIEF ORGANIZATION OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

4866 INDIALANTIC DRIVE
ORLANDO FL 32808

4866 INDIALANTIC DRIVE
ORLANDO FL 32808

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 3602 Ranchwood Rd

26 3602 RANCHWOOD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Orlando,

27

23 Orlando, FL

28 ORLANDO, FL

24 32808

29 32808

30 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OTU, ITU AKPO
4866 INDIALANTIC DRIVE
ORLANDO FL 32808

81 Name DTU ITU AKPO
82 Street Address (P.O. Box Number is Not Acceptable) 3602 RANCHWOOD ROAD
83
84 City ORLANDO FL 85 Zip Code 32808

11. Pursuant to the provisions of Sections 617.1502 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 617.0303, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OTU, ITU A
STREET ADDRESS 4866 INDIALANTIC DRIVE
CITY-ST-ZIP ORLANDO FL 32808 ☐ DELETE

TITLE TD
NAME OGUNSHAKIN, OLUBUKOLA
STREET ADDRESS 3602 RANCHWOOD ROAD
CITY-ST-ZIP ORLANDO FL 32808 ☒ DELETE

TITLE VD
NAME OTU, TAMEKA
STREET ADDRESS 4866 INDIALANTIC DRIVE
CITY-ST-ZIP ORLANDO FL 32808 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TREASURER
2.2 NAME HENDRIETTA HENSHAW
2.3 STREET ADDRESS 3602 RANCHWOOD RD
2.4 CITY-ST-ZIP DRI, FL 32808 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4/29/98 4079347869

CR2E037 (10/97)