


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90141 034 ****61.25

DOCUMENT # N97000005868
1. Entity Name
NTO ANNANG FOUNDATION MIAMI CHAPTER, INC.



Principal Place of Business Mailing Address
16300 NW 18 PL **16300 NW 18 PL**
MIAMI FL 33054 **MIAMI FL 33054**

90147565

2. Principal Place of Business 3. Mailing Address
16300 NW 18 PL **16300 NW 18 PL**
Suite, Apt. #, etc. **N/A** Suite, Apt. #, etc. **N/A**

City & State City & State
Miami, Florida **Miami, Florida**

Zip Country Zip Country
33054 **Dade** **33054** **Dade**

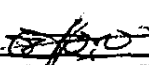
4. FEI Number **58-2006066** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ODONO, AL DR
16300 NW 18 PL
MIAMI FL 33054

7. Name and Address of New Registered Agent
Name **Dr. Al O'Dono**
Street Address (P.O. Box Number is Not Acceptable) **16300 NW 18 PL**
City **Miami** FL Zip Code **33054**

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.

SIGNATURE  July 7, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW; FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	EYO, PAMELA B	
STREET ADDRESS	15121 SOUTHWEST 154 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	V	<input type="checkbox"/> Delete
NAME	EYO, BUFFER MR	
STREET ADDRESS	15121 SOUTHWEST 154 CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	S	<input type="checkbox"/> Delete
NAME	UMOH, JIMMY DR	
STREET ADDRESS	1914 SW 180 TERRACE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ODONO, AL DR	
STREET ADDRESS	16300 NW 18 PL	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	NNAMDIE, OKU DR	
STREET ADDRESS	350 NE 116 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	NNAMDIE, EKA DR	
STREET ADDRESS	350 NE 116 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33181	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

No changes

12. 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 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.

SIGNATURE: **SIGRA AL O'DONO REQUIRED**  7/7/03 305 623 0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)