

DOCUMENT# N97000006718

**Entity Name:** ALLIANCE OF GUYANESE EXPATRIATES OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

994 WELLINGTON AVE  
OVIEDO, FL 32765

**New Principal Place of Business:****Current Mailing Address:**

994 WELLINGTON AVE  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUILLIAMS-REID, HERMIA  
994 WELLINGTON AVE  
OVIEDO, FL 32765 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: PRES ( ) Delete  
Name: GUILLIAMS-REID, HERMIA  
Address: 994 WELLINGTON AVE  
City-St-Zip: OVIEDO, FL 32765

Title: PR ( ) Delete  
Name: SINGH, KUMAR  
Address: 2452 TETON STONE RUN  
City-St-Zip: ORLANDO, FL 32808

Title: VP ( ) Delete  
Name: DUNCAN, DESMOND  
Address: 1234 KNOTTY PINE AVE  
City-St-Zip: WINTER PARK, FL 32792

Title: TRES ( ) Delete  
Name: LONDON, LYNETTE  
Address: 318 MOFFAT LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: PR ( ) Delete  
Name: HARIPRASAD, RAVI  
Address: 314 MOFFET LOOP  
City-St-Zip: OVIEDO, FL 32765

Title: PR ( ) Delete  
Name: MOONSAMMY, DENNIS  
Address: 3953 VALENCIA GROVE LANE  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PR (X) Change ( ) Addition  
Name: SINGH, CAROL  
Address: 2452 TETON STONE RUN  
City-St-Zip: ORLANDO, FL 32808

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 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.

SIGNATURE: CAROL SINGH

PR

02/14/2005

Electronic Signature of Signing Officer or Director

Date \_\_\_\_\_