

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006718

FILED
Mar 18, 2011
Secretary of State

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

Current Principal Place of Business:

653 WILLIAMS AVE
ORANGE CITY, FL 32763

New Principal Place of Business:

Current Mailing Address:

653 WILLIAMS AVE
ORANGE CITY, FL 32763

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
653 WILLIAMS AVE
ORANGE CITY, FL 32763 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
Name: GUILLIAMS-REID, HERMIA
Address: 653 WILLIAMS AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: PR
Name: SINGH, CAROL
Address: 2452 TETON STONE RUN
City-St-Zip: ORLANDO, FL 32808

Title: VP
Name: DUNCAN, DESMOND
Address: 12130 BLAIREMONT WAY
City-St-Zip: ORLANDO, FL 32829

Title: TRES
Name: JOHNSON, YVONNE
Address: 1315 FAIRHAVEN CT
City-St-Zip: OVIEDO, FL 32766

Title: PR
Name: HARIPRASAD, RAVI
Address: 14828 SWEET ACACIA DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: TP
Name: MOONSAMMY, DENNIS
Address: 3953 VALENCIA GROVE LANE
City-St-Zip: ORLANDO, FL 32817

I hereby 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 all other like empowered.

SIGNATURE: YVONNE JOHNSON

TRES

03/18/2011

Electronic Signature of Signing Officer or Director

Date