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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90177 040 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000790

1. Corporation Name

GHANAMMA ASSOCIATION, INCORPORATED

Principal Place of Business

4252 BLEINHEIM PLACE
JACKSONVILLE FL 32225

Mailing Address

4252 BLEINHEIM PLACE
JACKSONVILLE FL 32225

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/11/1998

4. FEI Number

59-3565015

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

BOATENG, ALFRED K
4252 BLEINHEIM PLACE
JACKSONVILLE FL 32225

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 617.0503, 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

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT, DR. K. BOATENG ☐ DELETE
4252 BLEINHEIM PL
JACKSONVILLE, FLORIDA 32225

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Vice President ☐ DELETE
Dr. Emmanuel S. Dorbu
1723 Broken Bow Dr E
Jacksonville, Fla. 32225

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TRUSTEE ☐ DELETE
AMOS K. AMOFAH
7546 FAWN LAKE DR. N.
JACKSONVILLE, FL 32256

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TRUSTEE ☐ DELETE
EDWARD LARBI
5442 CRESTA WAY
JACKSONVILLE, FL 32211

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TREASURER ☐ DELETE
CLAYTONS LARBI
5442 CRESTA WAY
JACKSONVILLE FL 32211

 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SECRETARY ☐ DELETE
FLORENCE BORDOK DADIE
2039 TICKFORD ST. MIDDLEBURG
FL 32068

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TRUSTEE ☐ Change ☒ Addition
PHILIP DJARANOR
3400 TOWNSEND BLVD. #287
JACKSONVILLE, FL. 32277

 2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

☐ 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, with all other like empowered.

SIGNATURE: **Agnes K. Boateng**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

Date

904-381-3422

Daytime Phone #

CR2E037 (11/98)