2000 UNIFORM BUSINESS REPORT (UBR)

8/2/00-90003-033-$61.25-$61.25

DOCUMENT # N98000000790

1. Entity Name

GHANAMMA ASSOCIATION, INCORPORATED

FILED

01 MAR 30 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4252 BLEINHEIM PLACE JACKSONVILLE FL 32225	4252 BLEINHEIM PLACE JACKSONVILLE FL 32225

REINSTATEMENT 00-01

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3565015 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOATENG, ALFRED K 4252 BLEINHEIM PLACE JACKSONVILLE FL 32225	Name Dorbu Emmanuel S Street Address (P.O. Box Number is Not Acceptable) 1723 Broken Bow Dr E Jax. Fla. 32225 City FL Zip Code 32225

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.

SIGNATURE Dorbu 1/27/01

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 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOATENG, DR. A.K. 4252 BLEINHEIM PL JACKSONVILLE FL 32225	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Dorbu, Emmanuel S 1723 Broken Bow Dr E Jax. Fla. 32225	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DORBRE, EMMANNEL S 1723 BROKEN BOW DR E JACKSONVILLE FL 32225	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Djokotw, Emmanuel 13868 Ibis Point Blvd Jax, Fla 32224	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AMOFAH, AMOS K 7546 FAWN LAKE DR N JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Boateng, Dr. A. K. 4252 Bleinheim Plc Jax. Fla 32225	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LARBI, EDWARD 5442 CRESTA WAY JACKSONVILLE FL 32211	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100004077671-- -04/25/01--01066--014 ****245.00 ****245.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LARBI, GLADYS 5442 CRESTA WAY JACKSONVILLE FL 32211	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Soso, Victor 1535 W Beaver St Jax, Fla 32209	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BORDOH DADLIE, FLORENCE 2039 TICKFORD ST MIDDLEBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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: SIGNATURE REQUIRED 7/25/2000 744-0010 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #