

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005314

Entity Name: CHINYE FOUNDATION, INC.**Current Principal Place of Business:**C/O CHINYE & COMPANY, CPA
1911 N.W. 150 AVE. SUITE 202
PEMBROKE PINES, FL 33028**Current Mailing Address:**C/O CHINYE & CO
1911 N.W. 150 AVE. SUITE 202
PEMBROKE PINES, FL 33028 US**FEI Number:** 65-1128720**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHINYE, TONY
1911 NW 150 AVENUE
STE 202
PEMBROKE PINES, FL 33028 US*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**Officer/Director Detail :**Title D, P
Name CHINYE, IKE
Address 15821 SW 20TH ST.
City-State-Zip: MIRAMAR FL 33027Title D,
Name CHINYE, ISAAC
Address 13242 SW 54 CT.
City-State-Zip: MIRAMAR FL 33027Title D, S
Name CHINYE, ERNEST
Address PO BOX 552261
City-State-Zip: CAROL CITY FL 33055Title D,
Name CHINYE, GODFREY
Address 370 MINCY WAY
City-State-Zip: CONVINGTON GA 30016Title D, T
Name CHINYE, TONY
Address 1911 NW 150 AVENUE 202
City-State-Zip: PEMBROKE PINES FL 33028Title DIRECTOR
Name ANIEMEKE, CHRIS
Address 425 NE 191 STREET
207
City-State-Zip: NORTH MIAMI BEACH FL 33179

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: TONY CHINYE**TREASURER****03/21/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date