

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011060

Entity Name: SOMTO FOUNDATION, INC.**Current Principal Place of Business:**1205 ELLINGTON CT.
ST. AUGUSTINE, FL 32084**Current Mailing Address:**1205 ELLINGTON CT.
ST. AUGUSTINE, FL 32084**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NWOGA, IMELDA DR.
1205 ELLINGTON CT.
ST. AUGUSTINE, FL 32084 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	C
Name	NWOGA, IMELDA DR
Address	1205 ELLINGTON CT.
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	S
Name	OGBUOKIRI, TINA DR
Address	7200 LAKE BARRINGTON DRIVE
City-State-Zip:	NEW ORLEANS LA 70128

Title	T
Name	NWOGA, JUDE DR
Address	1205 ELLINGTON CT.
City-State-Zip:	ST AUGUSTINE FL 32084

Title	D
Name	ALARIBE, CECILIA
Address	6408 WILLOW FOX CIRCLE
City-State-Zip:	RALEIGH NC 27616

Title	D
Name	NWOKO, BENJAMIN REV
Address	OUR LADY OF FATIMA CATHOLIC PARISH
City-State-Zip:	UMUAGBA, ABA, AB

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: IMELDA NWOGA**ADMINISTRATOR****03/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date