

**2013 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**

**PRESIDENT**

**04/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date