

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008177

**Entity Name:** UMUNNA COMMUNITY ASSOCIATION FOUNDATION INC

**Current Principal Place of Business:**

1409 MONITOR AVENUE  
ORLANDO, FL 32818

**Current Mailing Address:**

P.O. BOX 680845  
ORLANDO, FL 32868 US

**FEI Number: 26-3610356**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COLLINS, PATIENCE TU  
1409 MONITOR AVENUE  
ORLANDO, FL 32818 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: PATIENCE T. COLLINS**

**01/19/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EZEGBINWA, PAUL  
Address        10061 MARSH PINE CIRCLE  
City-State-Zip: ORLANDO FL 32832

Title            TR  
Name            COLLINS, PATIENCE MRS  
Address        1409 MONITOR AVENUE  
City-State-Zip: ORLANDO FL 32818

Title            FS  
Name            UCHEGBU, MAURICE MR  
Address        6645 MERITMOOR CIRCLE  
City-State-Zip: ORLANDO FL 32818

Title            PROV  
Name            UKAZIM, CHEKWAS MR  
Address        2047 COBBLE FIELD CIRCLE  
City-State-Zip: ORLANDO FL 32825

Title            SECRETARY  
Name            STEPHENS, JOSEPH  
Address        131 WALNUT CREST RUN  
City-State-Zip: SANFORD FL 32771

Title            DIRECTOR OF SOCIAL  
Name            ELIZABETH, UBOCHI  
Address        1437 PLUMGRASS CIRCLE  
City-State-Zip: OCOEE FL 34761

Title            VP  
Name            OGUIKE, OBI  
Address        2103 GRAND BROOKE CIRCLE  
City-State-Zip: ORLANDO FL 32810

*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: MAURICE UCHEGBU**

**FINANCIAL SECRETARY**

**01/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date