

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000007839

Entity Name: AFRICANS UNITED COUNCIL, INC.**Current Principal Place of Business:**1121 GREAT SHADY LANE
ORLANDO, FL 32825**Current Mailing Address:**1121 GREAT SHADY LANE
ORLANDO, FL 32825**FEI Number:** 46-5699614**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IPASU, GABRIEL M REV.
1121 GREAT SHADY LANE
ORLANDO,, FL 32825 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 FOUNDER AND PRESIDENT
Name IPASU, GABRIEL M REV.
Address 1121 GREAT SHADY LANE
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR
Name SAKALA, LAZARUS
Address 445 KASSIK CR.
City-State-Zip: ORLANDO FL 32824

Title DIRECTOR
Name SEKE, JOSEPH
Address 5225 CINDERLANE PKWY, #272
City-State-Zip: ORLANDO FL 32808

Title TRE
Name MULIBWA, ETIENNE
Address 2428 LOCKE AV.
City-State-Zip: ORLANDO FL 32818

Title SECRETARY
Name SIMBIZI, CHRISTINE
Address 2052 BOWEN DRIVE
City-State-Zip: ORLANDO FL 32825

Title DIRECTOR
Name SISSE, FERGUSON
Address 4117 CAYWOOD CIRCLE
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR
Name NDAYAMBAJE, CELESTIN
Address 1303 DICKENS AVENUE
City-State-Zip: ORLANDO FL 32809

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: REV. GABRIEL M. IPASU**FOUNDER AND
PRESIDENT****09/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date