

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000929

Entity Name: ANIOMA ASSOCIATION OF FLORIDA USA, INC.**Current Principal Place of Business:**C/O CHINYE, CPA, 1931 NW 150TH AVENUE
249
PEMBROKE PINES, FL 33028**Current Mailing Address:**C/O CHINYE & CO. 1931 NW 150 AVE
249
PEMBROKE PINES, FL 33028 US**FEI Number:** 65-0737686**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**IKE-UNOR, JACKSON MR.
2685 NW 73RD AVENUE
SUNRISE, FL 33313 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:** JACKSON IKE-UNOR

02/01/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	FINANCIAL SECRETARY
Name	IKE-UNOR, JACKSON
Address	2685 N W 73RD AVE
City-State-Zip:	SUNRISE FL 33313

Title	TREASURER
Name	CHIWUZOR, BRIDGET
Address	13029 S W 21ST STREET
City-State-Zip:	MIRAMAR FL 33027

Title	PRESIDENT
Name	ADAOBI, CHINYE
Address	15821 S W 20TH STREET
City-State-Zip:	MIRAMAR FL 33027

Title	PRO
Name	OKONOR, SIMON
Address	13503 N E 24TH PLACE
City-State-Zip:	N. MIAMI FL 33181

Title	SECRETARY
Name	UWADIA, GEORGE
Address	4650 VILLAGE WAY
City-State-Zip:	DAVIE FL 33314

Title	ASST. SECRETARY
Name	ONYEJURUWA, FRANCESCA
Address	7928 FAIRWAY BLVD
City-State-Zip:	MIRAMAR FL 33023

Title	PROVOST
Name	CHINYE, AFA
Address	16779 SW 54TH COURT
City-State-Zip:	MIRAMAR FL 33027

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: JACKSON IKE-UNOR**DIRECTOR**

02/01/2025

Electronic Signature of Signing Officer/Director Detail

Date