

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000929

Entity Name: ANIOMA ASSOCIATION OF FLORIDA USA, INC.**Current Principal Place of Business:**1911 NW 150TH AVENUE
202
PEMBROKE PINES, FL 33028**Current Mailing Address:**P.O. BOX 173132
MIAMI LAKES, FL 33017 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**03/20/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title FINANCIAL SECRETARY
Name CHINYE, MARY
Address 13242 SW 54TH COURT
City-State-Zip: MIRAMAR FL 33027

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

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

Title PRESIDENT
Name ONOKO, CHARLES
Address 10097 CLEARY BLVD #314
City-State-Zip: PLANTATION FL 33324

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

Title TREASURER
Name CHINYE, ERNEST
Address 13242 S W 54TH CT
City-State-Zip: MIRAMAR FL 33027

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

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: CHARLES ONOKO**PD****03/20/2020**

Electronic Signature of Signing Officer/Director Detail

Date