# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 23, 2005 8:00 am**
**Secretary of State**
02-11-2005 90030 023 ****70.00

66006995

DOCUMENT # N02000000876

1. Entity Name

IGBO ASSOCIATION TAMPA BAY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3637 CHATAAM DR<br>PALM HARBOR FL 34684 | 3637 CHATAAM DR<br>PALM HARBOR FL 34684 |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E037 (10/04)

4. FEI Number 59-3626055 AP-PLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NWANNA, CHIKA<br>3637 CHATHAM DRIVE<br>PALM HARBOR FL 34684 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS $61.25 Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>OKONKWO, LOUIS DR.<br>728 MIRADO LANE<br>PORT CHARLOTTE FL 33948 | ☒ Delete | Anthony Duruh Dr.<br>247 Lynnette Place<br>Lakeland, FL 33809 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>MEKOWULU, EMMANUEL<br>10613 HATTERAS DR<br>TAMPA FL 33615 | ☒ Delete | AZUBUIKE DIKE MR.<br>3841 Bellewater Blvd<br>Riverview, FL 33569 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MUFORD, DANIEL<br>4302 SGURE CT, #104<br>TAMPA FL 33613 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>NKWOCHA, ONYEWUCHI<br>4849 EAST CONNEL LAKE DR<br>INVERNESS FL 34453 | ☒ Delete | ILONZO, AMAKA MRS.<br>617 Deer Moss Ct<br>Winter Haven, FL 33880 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~SD~~ SD<br>ONU, ADOLPH<br>1619 29TH STREET SOUTH<br>ST. PETERSBURG FL 33712 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>IKEGWU, GEORGE<br>8133 82ND STREET NORTH<br>LARGO FL 33777 | ☒ Delete | OKEKE, KANAYO MR.<br>5231 Picador ct #5<br>Tampa, FL 33617 | ☒ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** C. Nwa 02/07/05 (727)403-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #