

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90279 044 ****70.00

DOCUMENT # N02000000876

1. Entity Name

IGBO ASSOCIATION TAMPA BAY, INC.



Principal Place of Business

**8508 WALLABY WAY
TAMPA FL 33835**

Mailing Address

**8508 WALLABY WAY
TAMPA FL 33835**

2. Principal Place of Business

3637 CHATHAM DRIVE

3. Mailing Address

3637 CHATHAM DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

34684

Country

USA

Zip

34684

Country

USA

4. FEI Number

☒ 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
3637 CHATHAM DRIVE
PALM HARBOR FL 34684**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 C. Nwana

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07-21-03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 **PD** ☐ Delete
NAME **OKONKWO, LOUIS DR.**
STREET ADDRESS **728 MIRADO LANE**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **NWOYE, CHRISTIAN**
STREET ADDRESS **18124 ANTLETAM COURT**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **VPD** ☒ Change ☐ Addition
NAME **EMMANUEL MEKOWULU**
STREET ADDRESS **10613 HATTERAS DRIVE**
CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **SD** ☒ Delete
NAME **NWANNA, CHIKA**
STREET ADDRESS **3637 CHATHAM DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **SD** ☒ Change ☐ Addition
NAME **DANIEL MUFORD**
STREET ADDRESS **4302 SHIRE COURT #104**
CITY-ST-ZIP **TAMPA, FL 33613**

TITLE **SD** ☒ Delete
NAME **IONZO, OLIVER**
STREET ADDRESS **1404 CARTIER DRIVE, APT. #11**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **SD** ☒ Change ☐ Addition
NAME **ONYE WUCHI NKWOCHA**
STREET ADDRESS **4849 EAST CONNELL LAKE DRIVE**
CITY-ST-ZIP **INVERNESS, FL 34453**

TITLE **TD** ☐ Delete
NAME **ONU, ADOLPH**
STREET ADDRESS **1619 29TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **IKEGWU, GEORGE**
STREET ADDRESS **8133 82ND STREET NORTH**
CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SIGNATURE REQUIRED

07-21-03 (813) 403-0866

CR2E037 (4/03)