

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008060

FILED
Apr 29, 2008
Secretary of State

Entity Name: ADENIJI FOUNDATION, INC.

Current Principal Place of Business:

8835 KEY WEST CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

8835 KEY WEST CIRCLE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 26-0745706

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADENIJI, OLAITAN
8835 KEY WEST CIRCLE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADENIJI, OLAITAN
Address: 8835 KEY WEST CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: VPD () Delete
Name: BIRNER, NEIL
Address: 9512 W PARK VILLAGE DR. #101
City-St-Zip: TAMPA, FL 33626

Title: VPD () Delete
Name: HARRIS, ADRIENNE
Address: 8543 SANDPIPPER RIDGE AVE.
City-St-Zip: TAMPA, FL 33647

Title: TD () Delete
Name: ADEYEYE, YEMI
Address: 1406 TREE LODGE PKWY
City-St-Zip: ATLANTA, GA 30350

Title: SD () Delete
Name: PICKETT, KEISHA
Address: 10402 TITUS COURT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OLAITAN ADENIJI

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date