## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DERARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N95000003480 (9)

## **EDO ASSOCIATION OF FLORIDA INCORPORATED**

Principal Place of Business	Mailing Address		. (CONTINUE) BLD (BAS) BATAL 44 (1) ADAM OBATA	dding teger big be iftlit fifer inte
18350 NW 2 AVE	P O BOX 694413		3. Date Incorporated or Qualified	
401 MIAMI FL 33189	MIAMI FL 33169 US		11/28/1994	
US			4. FEI Number 65-0550278	Applied For Not Applicable
2. Principal Place of Business	2a. Mailing Address			\$8.75 Additional
21	26		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State	City & State		Trust Fund Contribution	Added to Fees
23	28		7. Is this nonprofit corporation a homeown	No
Zip Country	Zip	Country	8. This corporation owes or has paid the c	~
24 25	29 30	ol	Personal Property Tax due June 30.	Yes No
9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registere	a Agent
OVIASOGIE, PHILIP			(D O. D. All)	
18350 NW 2 AVE #401		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33169		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 617.05	02 and 617 1508 Florida Statutes	the above-named corn	Foreston submits this statement for the number	
office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	e of Florida. Such change was aut	horized by the corporat	ion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	jations of, accitor of 7.0305, Floric	al Gratores.		
Signature, typed or printed name of registered ag		legistered Agent signature requir		
12. OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12  Change
NAME OVIASOGIE, PHILIP	1)	1.2 NAME	P	A cyange - Madition
STREET ADDRESS 3404 SHERATON PLACE	•	1.3 STREET ADDRESS		
CITY-ST-ZIP NIRAMAR FL 33025		1.4 CITY-ST-ZIP		
TITLE SD	T) DELETË	2.1 TITLE		Change  Addition
NAME BNOGIERU, SUNDAY	J /	2.2 NAME		
STREET ADDRESS 9811 BOSQUE LANE CITY-ST-ZIP MIRAMAR FL 33025		2.3 STREET ADDRESS 2.4 City-St-Zip		
TITLE ID	DELETE	3.1 TITLE		Change Addition
NAME IGBINOBA, SUNDAY	<u>.l</u> )	3.2 NAME	3000025884	·33
STREET ADDRESS 8420 MIRAMAR PARKWAY		3.3 STREET ADDRESS	-07/14/98010640	)06
CITY-ST-ZIP MIRAMAR FL 33025	DELETE	3.4. CITY-ST-ZIP	***61.25	Change Addition
NAME	☐ DECEIE	4.1 TITLE 4.2 NAME	SA GGIEMWANYE	Charle KT Applipi
STREET ADDRESS		1 ) (	ストルロチャラ ストラン・ドク・インインド メストント	6 - 4 - 6
CITY-ST-ZIP		4.4 CITY-ST-ZIP	RIH MIAMM - BEACH, PI	7 33179
TITLE	☐ DELETE	E 1 TITLE 4	2 <b>b</b> r	Change 😘 Addition
NAME		5.2 NAME	COTTY TZENDIGIE	TAPTE 7H
STREET ADDRESS		5.3 STREET ADDRESS	orth mirmi floring	A 35(8)
CITY-ST-ZIP TITLE	DELETE	5.4 CiTY-ST-ZIP	ABLICITY OFCOMY	☐ Change Addition
NAME	DECENT	1 1		
STREET ADORESS		6.3 STREET ADDRESS	TODWIN 010 7680 SHALLMAR	STREET,

CITY-SI-ZIP

64 CITY-SI-ZIP

MRAMR FLORISA 3502

14. 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 annual report or supplymental annual report is frue 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 privale receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or

**FILED** 

Jul 13 1998 8:00am

Secretary of State

Mr. Timothy Idahosa, (Speaker of the House) 880 N W 213 Lane #203 Miami Florida 33169.

Osayande Izevbigie, (Social Secretary) 14899 N E 18 Ave., Apt# 6-F Miami Florida 33181