

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004421

**Entity Name:** YORUBA DESCENDANTS UNION OF JACKSONVILLE, INC**Current Principal Place of Business:**7256 MAPLE TREE DRIVE  
JACKSONVILLE, FL 32277**Current Mailing Address:**7256 MAPLE TREE DRIVE  
JACKSONVILLE, FL 32277**FEI Number: 05-0577002****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHOFOLU, BABATUNDE O  
7256 MAPLE TREE DRIVE  
JACKSONVILLE, FL 32277 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:**

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Electronic Signature of Registered Agent

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Date**Officer/Director Detail :**

Title	PD
Name	SHOFOLU, BABATUNDE O
Address	7256 MAPLE TREE DRIVE
City-State-Zip:	JACKSONVILLE FL 32277

Title	PSD
Name	SHODE, SHOLA
Address	7920 MERILL ROAD #1614
City-State-Zip:	JACKSONVILLE FL 32277

Title	GSD
Name	TAIWO, ADEBOWALE
Address	9177 PROSPERITY LAKE DR.
City-State-Zip:	JACKSONVILLE FL 32244

Title	STD
Name	OGUNSAN, MUYIWA
Address	4927 KENTUCKY DERBY COURT
City-State-Zip:	JACKSONVILLE FL 32257

Title	FSD
Name	SADIQ, KABIR T
Address	1952 LAYTON ROAD
City-State-Zip:	JACKSONVILLE FL 32211

Title	VPD
Name	BOLUJO, ADEKUNLE
Address	1916 WEST WILLOW BR.
City-State-Zip:	ST. AUGUSTINE FL 32224

*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: BABATUNDE SHOFOLU****PRESIDENT****03/18/2015**

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Electronic Signature of Signing Officer/Director Detail

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Date