

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004325

Entity Name: ANSAR-UD-DEEN GRAMMAR ISAGA ABEOKUTA ALUMNI ASSOC. (N AMERICA) INC**Current Principal Place of Business:**4320 W BROWARD BLVD STE 5
PLANTATION, FL 33317**Current Mailing Address:**4320 W BROWARD BLVD STE 5
PLANTATION, FL 33317 US**FEI Number: 26-4800109****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HIGH END INCOME TAX & ACCOUNTING SERVICES
4320 W BROWARD BLVD STE 5
PLANTATION, FL 33317 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAI
Name	AJISAFE, LUKQMAN A
Address	4320 W BROWARD BLVD STE 5
City-State-Zip:	PLANTATION FL 33317

Title	T
Name	DAIRO, FOLAKE
Address	4320 W BROWARD BLVD STE 5
City-State-Zip:	PLANTATION FL 33317

Title	SEC
Name	MUSTAPHA, MANSUR F
Address	4320 W BROWARD BLVD STE 5
City-State-Zip:	PLANTATION FL 33317

Title	A/S
Name	EMOKPAE, MICHAEL O
Address	4320 W BROWARD BLVD STE 5
City-State-Zip:	PLANTATION FL 33317

Title	VP
Name	KAFAR, GBOLAHAN
Address	4320 W BROWARD BLVD STE 5
City-State-Zip:	PLANTATION FL 33317

Title	P
Name	ONI, NOJEEM
Address	4320 W BROWARD BLVD STE 5
City-State-Zip:	PLANTATION FL 33317

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: MICHAEL EMOKPAE**A/S****04/25/2017**

Electronic Signature of Signing Officer/Director Detail

Date