

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007460

**Entity Name:** AKWA IBOM STATE ASSOCIATION OF NIGERIA (USA), INC- TAMPA, FLORIDA CHAPTER

**FILED**  
**Apr 03, 2018**  
**Secretary of State**  
**CC9204584814**

**Current Principal Place of Business:**

4504 FIELDVIEW CIRCLE  
WESLEY CHAPEL, FL 33545

**Current Mailing Address:**

AKWA IBOM STATE ASSOC OF NIGERIA, TAMPA  
PO BOX 21491  
TAMPA, FL 33622

**FEI Number: 45-3161049**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

USORO, SOLOMON  
4504 FIELDVIEW CIRCLE  
WESLEY CHAPEL, FL 33584 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 PD  
Name USORO, SOLOMON  
Address 4504 FIELDVIEW CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33545

Title VPD  
Name ISONG, IMOHO  
Address 7974 SUMERSET DR  
City-State-Zip: LARGO FL 33773

Title TD  
Name USORO, MARGARET MARY DR  
Address 10402 RIVERBURN DR  
City-State-Zip: TAMPA FL 33647

Title D  
Name UBANI, AGNES DR  
Address 9905 SORBONNE LOOP  
City-State-Zip: SEFFNER FL 33584

Title SD  
Name EKANEM, BLESSING  
Address 6702 CAMDEN BAY  
City-State-Zip: TAMPA FL 33635

*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: SOLOMON USORO**

**PRESIDENT**

**04/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date