

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007460

Entity Name: AKWA IBOM STATE ASSOCIATION OF NIGERIA (USA), INC-
TAMPA, FLORIDA CHAPTER**Current Principal Place of Business:**5005 CACTUS NEEDLE LN
WESLEY CHAPEL, FL 33544**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
5005 CACTUS NEEDLE LN
WESLEY CHAPEL, FL 33544 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	5005 CACTUS NEEDLE LN
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	VPD
Name	ISONG, IMOH
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 B USORO**PRESIDENT****03/15/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date