

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000007460

Entity Name: AKWA IBOM STATE ASSOCIATION OF NIGERIA (USA), INC-
TAMPA, FLORIDA CHAPTER**FILED**
Apr 19, 2014
Secretary of State
CC9347133776**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, IMOH |
| Address | 7974 SUMERSET DR |
| City-State-Zip: | LARGO FL 33773 |

| | |
|-----------------|---------------------|
| Title | SD |
| Name | UMOREN, INI DR |
| Address | 920 EARLHAM DRIVE |
| City-State-Zip: | CLEARWATER FL 33765 |

| | |
|-----------------|-------------------------|
| 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 | BASSEY, ANIEFIOK |
| Address | 31205 BACLAN DR |
| City-State-Zip: | WESLEY CHAPEL FL 33545 |

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****04/19/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date