

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003480

**FILED**  
**Apr 22, 2013**  
**Secretary of State**  
**CC0334059315**

**Entity Name:** EDO ASSOCIATION OF FLORIDA INCORPORATED

**Current Principal Place of Business:**

9948 DAFFODIL LANE  
MIRAMAR, FL 33025

**Current Mailing Address:**

P.O. BOX 69-4413  
MIAMI, FL 33269-1413 US

**FEI Number:** 65-0550278

**Certificate of Status Desired:** Yes

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

URHOGHIDE, ISIAIAH  
9948 DAFFODIL LANE  
MIRAMAR, FL 33025 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            PRES  
Name            URHOGHIDE, ISIAIAH  
Address        9948 DAFFODIL LANE  
City-State-Zip: MIRAMAR FL 33025

Title            V.P.  
Name            IZEBVIGIE, SCOTTY  
Address        1021 NW 185 DRIVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title            SEC  
Name            OGIEMWANYE, OSA  
Address        19640 NE 12 AVENUE  
City-State-Zip: MIAMI FL 33179

Title            FS  
Name            IMASUEN, EMMANUEL  
Address        563 NE 163 STREET  
City-State-Zip: N.MIAMI FL 33162

Title            TREA  
Name            ISIBOR, PETER  
Address        1518 EVERGREEN HOLLOW LANE  
City-State-Zip: CONYERS GA 30012

Title            SPEA  
Name            IMAFIDON, TAIWO  
Address        15772 SW 24 STREET  
City-State-Zip: MIRAMAR FL 33027

Title            S. SEC  
Name            ODIETE, ROBERT  
Address        29325 SW 182ND AVENUE  
City-State-Zip: MIAMI FL 33030

Title            ASST. SECRETARY  
Name            UHUNMWANGHO, EGHOSA  
Address        4495 SW 179TH WAY  
City-State-Zip: MIRAMAR FL 33029

*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:** SCOTTY IZEBVIGIE

**VICE PRESIDENT**

**04/22/2013**

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

\_\_\_\_\_  
Date