

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003480

FILED
Mar 09, 2023
Secretary of State
9906779584CC

Entity Name: EDO ASSOCIATION OF FLORIDA INCORPORATED

Current Principal Place of Business:

563 NE 163 STREET
NORTH MIAMI, FL 33162

Current Mailing Address:

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

FEI Number: 65-0550278

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TUNJI, CLAYTON
563 NE 163 STREET
NORTH MIAMI, FL 33162 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: CLAYTON TUNJI

03/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TUNJI, CLAYTON
Address 563 NE 163 STREET
City-State-Zip: NORTH MIAMI FL 33162

Title VICE PRESIDENT
Name OJO, PATRICK DR.
Address 12761 SW 45TH DRIVE
City-State-Zip: HOLLYWOOD FL 33027

Title ASST. SECRETARY
Name IZEBVIGIE, DESMOND OSAYANDE
Address 777 NE 34 AVENUE
City-State-Zip: HOMESTEAD FL 33027

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

Title SPEAKER
Name OHENHEN, WESLEY
Address 5300 NW 189 STREET
City-State-Zip: MIAMI GARDENS FL 33055

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

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

Title SOC. SECRETARY
Name ONOABHAGBE, LAWRENCE
Address 701 NW 210TH STREET
 APT. #714
City-State-Zip: MIAMI GARDENS FL 33169

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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 O IZEBVIGIE

**AUTHORIZED
REPRESENTATIVE**

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name IZEBIGIE, SCOTTY O DR.
Address 1021 NW 185 DRIVE
City-State-Zip: MIAMI GARDENS FL 33169