

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002189

Entity Name: AKWA IBOM STATE ASSOCIATION OF NIGERIA (U.S.A.), INC.,
MIAMI CHAPTER**FILED**
Mar 02, 2018
Secretary of State
CC0204559885**Current Principal Place of Business:**19461 NW 7TH ST
PEMBROKE PINES, FL 33029**Current Mailing Address:**19461 NW 7TH STREET
PEMBROKE PINES, FL 33029 US**FEI Number: 65-0917852****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NTEKIM, KATHERINE DR.
19461 NW 7TH ST
PEMBROKE PINES, FL 33029 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: KATHERINE NTEKIM****03/02/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	NTEKIM, KATHERINE DR.
Address	19461 NW 7TH ST
City-State-Zip:	PEMBROKE PINES FL 33029

Title	DVP
Name	TELLA, YINKA FDR. DR.
Address	18493 NW 22 STREET
City-State-Zip:	PEMBROKE PINES FL 33029

Title	DFS
Name	IKPE, NSIKAN MR
Address	20535 SW 82 CT
City-State-Zip:	MIAMI FL 33189

Title	SECRETARY
Name	INYANG, ANTHONY
Address	19461 NW 7TH ST
City-State-Zip:	PEMBROKE PINES FL 33029

Title	TREASURER
Name	UMOH, JOY J MRS
Address	1914 S.W. 180 TERRACE
City-State-Zip:	MIRAMAR FL 33029

Title	PRO
Name	ROBERTS, EKAETTE MRS
Address	20464 S.W. 5TH STREET
City-State-Zip:	PEMBROKE PINES FL 33029

Title	ASST. SECRETARY
Name	EKPE, JOSEPHINE
Address	20443 N.W. 8TH AVE
City-State-Zip:	MIAMI FL 33169

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: KATHERINE NTEKIM**PRESIDENT****03/02/2018**

Electronic Signature of Signing Officer/Director Detail

Date