

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000002189

**FILED**  
**Apr 27, 2014**  
**Secretary of State**  
**CC8833123607**

**Entity Name:** AKWA IBOM STATE ASSOCIATION OF NIGERIA (U.S.A.), INC., MIAMI CHAPTER

**Current Principal Place of Business:**

8420 SW 3RD CT  
#103  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

8420 SW 3RD CT  
#103  
PEMBROKE PINES, FL 33025 US

**FEI Number: 65-0917852**

**Certificate of Status Desired: No**

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

IKPE, IBANGA E DR.  
8420 SW 3RD CT  
#103  
PEMBROKE PINES, 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: IBANGA IKPE**

**04/27/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            IKPE, IBANGA E DR.  
Address        8420 SW 3RD CT  
                  #103  
City-State-Zip: PEMBROKE PINES FL 33025

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            NTEKIM, KATHERINE I DR.  
Address        19641 N.W. 7TH STREET  
City-State-Zip: PEMBRIKE 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: DR. IBANGA IKPE**

**PRESIDENT**

**04/27/2014**

Electronic Signature of Signing Officer/Director Detail

Date