

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N01000007195

Entity Name: NIGERIAN-AMERICAN FOUNDATION, INC.

**Current Principal Place of Business:**

17847 NW 27TH AVE  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

17847 NW 27TH AVE  
MIAMI, FL 33054

**New Mailing Address:**

FEI Number: 65-1145145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OSOLASE, ANDREW U  
10101 NW MIAMI COURT  
MIAMI SHORES, FL 33150      US

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

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: AYODELE, GBOLA  
Address: 1082 NE 176TH TERRACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: SG      ( ) Delete  
Name: AFOLABI, TUNDE  
Address: 15181 NW 1ST STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: PRO      ( ) Delete  
Name: ONAIWU, ERAHBOR  
Address: 251 N.E. 187TH STREET, #806  
City-St-Zip: N. MIAMI, FL 33179

Title: T      ( ) Delete  
Name: AIYEBBENI, BOLA  
Address: 6750 NW 186TH STREET  
City-St-Zip: MIAMI LAKES, FL 33015

Title: V      ( ) Delete  
Name: SULEMAN, DANLADI  
Address: 21 SW 63RD TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33023

Title: FS      ( ) Delete  
Name: MARSHALL, BARNABAS  
Address: 364 N.W. 87TH ROAD  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GBOLA AYODELE

P

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date