

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007195

FILED
Apr 29, 2005
Secretary of State

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: ANDREW OSOLASE

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date