

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000096

FILED
Mar 22, 2008
Secretary of State

Entity Name: IGBO WOMEN CULTURAL GROUP, INC.

Current Principal Place of Business:

2508 W TAMPA BAY BLVD
TAMPA, FL 33607 US

New Principal Place of Business:

2508 W. TAMPA BAY BLVD
TAMPA, FL 33607 US

Current Mailing Address:

PO BOX 47744
TAMPA, FL 33647

New Mailing Address:

FEI Number: 01-0584896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OKPALEKE, CELINA PA-C
2508 W. TAMPA BAY BLVD
TAMPA, FL 33607 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: PD () Delete
Name: ECHEAZU, JOSPHINE RN
Address: PO BOX 47744
City-St-Zip: TAMPA, FL 33647

Title: SD () Delete
Name: ECHEAZU, JOSPHINE RN
Address: PO BOX 47744
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: EZUZOR, VICTORIA MSW
Address: PO BOX 47744
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: NDUKWE, FORTUNE RN
Address: PO BOX 47744
City-St-Zip: TAMPA, FL 33647

Title: MATR () Delete
Name: OKPALEKE, CELINA PA-C
Address: 2508 W. TAMPA BAY BLVD
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OKPALEKE, CELINA PA
Address: PO BOX 47744
City-St-Zip: TAMPA, FL 33647

Title: VP (X) Change () Addition
Name: FORTUNE, NDUKWE RN
Address: PO BOX 47744
City-St-Zip: TAMPA, FL 33647

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

Title: S (X) Change () Addition
Name: ECHEAZU, JOSEPHINE RN
Address: PO BOX 47744
City-St-Zip: TAMPA, FL 33647

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CELINA OKPALEKE

PRES

03/22/2008

Electronic Signature of Signing Officer or Director

Date