2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000003222

1. Entity Name
IBADAN DESCENDANTS UNION OF USA INC. CENTRAL FLORIDA CHAPTER

Principal Place of Business	Mailing Address
PO BOX 948597 MAITLAND, FL 32794-8597	P.O. BOX 622494 OVEIDO, FL 32762

02262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-8241851
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

APANPA, LOLA
403 GREEN SPRING CIR
WINTER SPRINGS, FL 32708

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LOLA APANPA 2/26/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLADIPO, MUSIBAU
STREET ADDRESS	304 LAKE AVENUE APT 116D
CITY-ST-ZIP	MAITLAND, FL 327516381
TITLE	S
NAME	BOLAJI, ADISA
STREET ADDRESS	629 BUCKINGHAM DR
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	FS
NAME	APANPA, LOLA
STREET ADDRESS	403 GREEN SPRING CIRCLE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000652800
03/12/07-80033-019 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLA APANPA 2/26/07
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #