

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009284

FILED
Apr 03, 2007
Secretary of State

Entity Name: EGBA DESCENDANTS OF FLORIDA, INC.

Current Principal Place of Business:

18520 NW 42ND AVENUE
MIAMI GARDENS, FL 33055

New Principal Place of Business:

Current Mailing Address:

PO BOX 551985
CAROL CITY, FL 33055

New Mailing Address:

FEI Number: 65-1291187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBADEYI, JOSEPH
18520 NW 42ND AVENUE
MIAMI GARDENS, FL 33055 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: OBADEYI, JOSEPH
Address: PO BOX 551985
City-St-Zip: CAROL CITY, FL 33055

Title: VP () Delete
Name: SHOTANDE, AREMU
Address: PO BOX 551985
City-St-Zip: CAROL CITY, FL 33055

Title: S () Delete
Name: AKINBOLA, MULIKAT ABIOLA
Address: PO BOX 551985
City-St-Zip: CAROL CITY, FL 33055

Title: AS () Delete
Name: AKIN-GEORGE, EBUN
Address: PO BOX 551985
City-St-Zip: CAROL CITY, FL 33055

Title: T () Delete
Name: ADELEKE, OLUFOLAKE
Address: PO BOX 551985
City-St-Zip: CAROL CITY, FL 33055

Title: FS () Delete
Name: BAMISHIGBIN, O
Address: PO BOX 551985
City-St-Zip: CAROL CITY, FL 33055

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: PRO (X) Change () Addition
Name: ADEOBA, SHAKIRAT
Address: PO BOX 551985
City-St-Zip: CAROL CITY, FL 33055

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 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: JOSEPH OBADEYI

P

04/03/2007

Electronic Signature of Signing Officer or Director

_____ Date