

# 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