

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009284

FILED
Apr 25, 2011
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 551729
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
Name: SHOTANDE, MUZZAMIL AREMU
Address: PO BOX 551729
City-St-Zip: CAROL CITY, FL 33055

Title: VP
Name: BAMISHIGBIN, OLAWUNMI
Address: PO BOX 551729
City-St-Zip: CAROL CITY, FL 33055

Title: S
Name: AKINNIBI, OLAWALE
Address: PO BOX 551729
City-St-Zip: CAROL CITY, FL 33055

Title: PRO
Name: OBADEYI, JOSEPH
Address: PO BOX 551729
City-St-Zip: CAROL CITY, FL 33055

Title: T
Name: AKINBOLA, MULIKAT ABIOLA
Address: PO BOX 551729
City-St-Zip: CAROL CITY, FL 33055

Title: FS
Name: ADELEKE, OLUFOLAKE
Address: PO BOX 551729
City-St-Zip: CAROL CITY, FL 33055

I hereby 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 all other like empowered.

SIGNATURE: M.A.SHOTANDE

P

04/25/2011

Electronic Signature of Signing Officer or Director

Date