

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011228

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** ASSOCIATION OF NIGERIANS IN JACKSONVILLE, INC.

**Current Principal Place of Business:**

12840 BAYSTONE COURT  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

12840 BAYSTONE COURT  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 20-5864977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ENOF, AUGUSTINE DR  
1225 W BEAVER STREET  
JACKSONVILLE, FL 32204 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: ADIGWEME, ALOY  
Address: 12840 BAYSTONE COURT  
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete  
Name: NWOGA, IMELDA  
Address: 1205 ELLINGTON CT  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: SOGBESAN, ADEKUNLE  
Address: 2044 UNIVERSITY BLVD N  
City-St-Zip: JACKSONVILLE, FL 32211

Title: V ( ) Delete  
Name: UDENZE, RONALD  
Address: 3622 CAROLINE VAVE BLVD  
City-St-Zip: JACKSONVILLE, FL 32277

Title: T ( ) Delete  
Name: ENOF, AUGUSTINE  
Address: 1225 W BEAVER STREET  
City-St-Zip: JACKSONVILLE, FL 32204

**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: ( ) 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 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: ALOY ADIGWEME

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date