

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007690

FILED
May 04, 2008
Secretary of State

Entity Name: NIGERIAN WOMEN'S ASSOCIATION TAMPA BAY, INC.

Current Principal Place of Business:

1503 STORINGTON AVENUE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47422
TAMPA, FL 33647

New Mailing Address:

P.O. BOX 4306
BRANDON, FL 33509

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MUFORO, LAETICIA DR.
1503 STORINGTON AVENUE
BRANDON, FL 33511 US

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: MUFORO, LAETICIA
Address: 1503 STORINGTON AVENUE
City-St-Zip: BRANDON, FL 33511

Title: V () Delete
Name: OKOGBAA, ELIZABETH
Address: 5016 LONGONBERRY DR.
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: ILONZO, AMAKA
Address: 617 DEER MOSS CT.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: NWAGBUO, EUNICE
Address: 4508 HIDDEN SHADOW DR.
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: USORO, MARGARET
Address: 10402 RIVERBURN DR.
City-St-Zip: TAMPA, FL 33647

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: LAETICIA MUFORO

P

05/04/2008

Electronic Signature of Signing Officer or Director

Date