

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000008949

FILED
Nov 16, 2009
Secretary of State

Entity Name: NIGERIAN PHARMACISTS ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

10466 S.W. 12TH MANOR
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

10466 S.W. 12TH MANOR
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 26-3443889 **FEI Number Applied For ()** **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:

CHUCK MOGBO, P.A.
2800 W. OAKLAND PARK BOULEVARD, SUITE 209
OAKLAND PARK, FL 33311 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: CHUCK MOGBO

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TINUBU, WINSTON
Address: 10466 S.W. 12TH MANOR
City-St-Zip: PEMBROKE PINES, FL 33025

Title: TD () Delete
Name: EZEALA, GLADYS
Address: PO BOX 172664
City-St-Zip: MIAMI, FL 33017

Title: SD () Delete
Name: BALOGUN, MONISOLA
Address: PO BOX 25043
City-St-Zip: TAMARAC, FL 33320

Title: VPD () Delete
Name: EZENWA, OSITA
Address: PO BOX 823502
City-St-Zip: PEMBROKE PINE, FL 33082

Title: SD () Delete
Name: MADUKA, CLETUS
Address: PO BOPX 823821
City-St-Zip: SOUTH FLORIDA, FL 33082

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: WINSTON TINUBU

PD

11/16/2009

Electronic Signature of Signing Officer or Director

Date