


FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

pg. 1 of 2

97 AUG 20 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																	
DOCUMENT # N22003 (0) 1. Corporation Name IBO ASSOCIATION OF SOUTH FLORIDA (IGWE BU IKE) INC.																																																																																																																																																					
Principal Place of Business 3474 N.W. 181 ST. MIAMI FL 33056			Mailing Address P.O. Box 540252 OPALOCKA, FL 33054																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08-12-1987 3a. Date of Last Report 4. FEI Number 65-0046738 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																	
9. Name and Address of Current Registered Agent AGHARAUMUNNA, MONDAY 3474 NW 181 STREET MIAMI, FL 33056			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																																																																		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.																																																																																																																																																					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																					
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD PRESIDENT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>VICTOR A. OPARAH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1091 N.W. 46 AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AUDUBON, FL 33313</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP VICE PRESIDENT</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>JUDE OGUJI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>15135 N.W. 158 STREET ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33054</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S GENERAL SECRETARY</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>EMEKA NKAHRI</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20140 N.W. 57 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES, FL 33015</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TTD TREASURER</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>BATHOLEMEN OKORO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1830 NE 101 ST, APT #11</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33162</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD FINANCIAL SECRETARY</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>IBE MENIRU</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10871 SW 164 ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33157</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D CULTURAL DIRECTOR</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>CHAS OKPALA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>20050 N.W. 65 COURT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33015</td> <td></td> </tr> </table>			TITLE	PD PRESIDENT	<input type="checkbox"/> DELETE	NAME	VICTOR A. OPARAH		STREET ADDRESS	1091 N.W. 46 AVENUE		CITY-ST-ZIP	AUDUBON, FL 33313		TITLE	VP VICE PRESIDENT	<input type="checkbox"/> DELETE	NAME	JUDE OGUJI		STREET ADDRESS	15135 N.W. 158 STREET ROAD		CITY-ST-ZIP	MIAMI, FL 33054		TITLE	S GENERAL SECRETARY	<input type="checkbox"/> DELETE	NAME	EMEKA NKAHRI		STREET ADDRESS	20140 N.W. 57 COURT		CITY-ST-ZIP	MIAMI LAKES, FL 33015		TITLE	TTD TREASURER	<input type="checkbox"/> DELETE	NAME	BATHOLEMEN OKORO		STREET ADDRESS	1830 NE 101 ST, APT #11		CITY-ST-ZIP	MIAMI, FL 33162		TITLE	SD FINANCIAL SECRETARY	<input type="checkbox"/> DELETE	NAME	IBE MENIRU		STREET ADDRESS	10871 SW 164 ST.		CITY-ST-ZIP	MIAMI, FL 33157		TITLE	D CULTURAL DIRECTOR	<input type="checkbox"/> DELETE	NAME	CHAS OKPALA		STREET ADDRESS	20050 N.W. 65 COURT		CITY-ST-ZIP	MIAMI, FL 33015		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>SD PUBLICITY SECRETARY</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>CHARLES I. OGUGUA</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>496 N.W. 165 ST RD APT #518D</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td>MIAMI, FL 33161</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>PROVOST</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td>CHUCK IHEN</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td>7775 WEST GRANADA BLVD.</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td>MIRAMAR, FL 33023</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	SD PUBLICITY SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	CHARLES I. OGUGUA		1.3 STREET ADDRESS	496 N.W. 165 ST RD APT #518D		1.4 CITY-ST-ZIP	MIAMI, FL 33161		2.1 TITLE	PROVOST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME	CHUCK IHEN		2.3 STREET ADDRESS	7775 WEST GRANADA BLVD.		2.4 CITY-ST-ZIP	MIRAMAR, FL 33023		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY-ST-ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY-ST-ZIP			5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME			5.3 STREET ADDRESS			5.4 CITY-ST-ZIP			6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME			6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
TITLE	PD PRESIDENT	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	VICTOR A. OPARAH																																																																																																																																																				
STREET ADDRESS	1091 N.W. 46 AVENUE																																																																																																																																																				
CITY-ST-ZIP	AUDUBON, FL 33313																																																																																																																																																				
TITLE	VP VICE PRESIDENT	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	JUDE OGUJI																																																																																																																																																				
STREET ADDRESS	15135 N.W. 158 STREET ROAD																																																																																																																																																				
CITY-ST-ZIP	MIAMI, FL 33054																																																																																																																																																				
TITLE	S GENERAL SECRETARY	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	EMEKA NKAHRI																																																																																																																																																				
STREET ADDRESS	20140 N.W. 57 COURT																																																																																																																																																				
CITY-ST-ZIP	MIAMI LAKES, FL 33015																																																																																																																																																				
TITLE	TTD TREASURER	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	BATHOLEMEN OKORO																																																																																																																																																				
STREET ADDRESS	1830 NE 101 ST, APT #11																																																																																																																																																				
CITY-ST-ZIP	MIAMI, FL 33162																																																																																																																																																				
TITLE	SD FINANCIAL SECRETARY	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	IBE MENIRU																																																																																																																																																				
STREET ADDRESS	10871 SW 164 ST.																																																																																																																																																				
CITY-ST-ZIP	MIAMI, FL 33157																																																																																																																																																				
TITLE	D CULTURAL DIRECTOR	<input type="checkbox"/> DELETE																																																																																																																																																			
NAME	CHAS OKPALA																																																																																																																																																				
STREET ADDRESS	20050 N.W. 65 COURT																																																																																																																																																				
CITY-ST-ZIP	MIAMI, FL 33015																																																																																																																																																				
1.1 TITLE	SD PUBLICITY SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
1.2 NAME	CHARLES I. OGUGUA																																																																																																																																																				
1.3 STREET ADDRESS	496 N.W. 165 ST RD APT #518D																																																																																																																																																				
1.4 CITY-ST-ZIP	MIAMI, FL 33161																																																																																																																																																				
2.1 TITLE	PROVOST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																																			
2.2 NAME	CHUCK IHEN																																																																																																																																																				
2.3 STREET ADDRESS	7775 WEST GRANADA BLVD.																																																																																																																																																				
2.4 CITY-ST-ZIP	MIRAMAR, FL 33023																																																																																																																																																				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
3.2 NAME																																																																																																																																																					
3.3 STREET ADDRESS																																																																																																																																																					
3.4 CITY-ST-ZIP																																																																																																																																																					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
4.2 NAME																																																																																																																																																					
4.3 STREET ADDRESS																																																																																																																																																					
4.4 CITY-ST-ZIP																																																																																																																																																					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
5.2 NAME																																																																																																																																																					
5.3 STREET ADDRESS																																																																																																																																																					
5.4 CITY-ST-ZIP																																																																																																																																																					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																																			
6.2 NAME																																																																																																																																																					
6.3 STREET ADDRESS																																																																																																																																																					
6.4 CITY-ST-ZIP																																																																																																																																																					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **VICTOR A. OPARAH** *[Signature]* 5/5/97 (954) 359-1333
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 25, 1997

IBO ASSOCIATION OF SOUTH FLORIDA (IGWE BU IKE) INC.
P.O. BOX 540252
OPALOCKA, FL 33054

SUBJECT: IBO ASSOCIATION OF SOUTH FLORIDA (IGWE BU IKE) INC.
Ref. Number: N22003

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

A non-profit corporation must list three (3) directors or (3) trustees and their street addresses in block 12 or 13. Use a "D" or "T" to designate the title.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

ANNUAL REPORTS SECTION

Letter number: 197A00037743

/pe

THE NECESSARY CORRECTION HAS BEEN MADE
AS INSTRUCTED PER TELEPHONE DISCUSSION ON
8/18/97.

Victor A. Opanah.
PRESIDENT.