FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000253 (5)

1. Corporation Name

EDO-DELTA WOMEN ASSOCIATION OF MIAMI, INCORPORATED

Principal Place of Business	Mailing Address
17220 NW 47 AVE MIAMI FL 33055	17220 NW 47 AVE MIAMI FL 33055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0404728 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

IGBINOBA, VICTOR O
17220 NW 47 AVE
MIAMI FL 33055

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	ESHESIMUA, PATIENCE	1.2 NAME	JANET UKUEDEJOR
STREET ADDRESS	17908 NW 68TH AVE.	1.3 STREET ADDRESS	18905 NW 31st AVE
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	CAROL CITY
TITLE	VD E	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	ENOGIERU, EVELYN	2.2 NAME	PATRICIA ANIMASHAUN
STREET ADDRESS	8511 BOSQUE LANE	2.3 STREET ADDRESS	18905 NW 31st AVE
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	CAROL CITY
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	NOBAKHARE, ESHTER	3.2 NAME	
STREET ADDRESS	3980 NW 191 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	SD ☑ Change ☐ Addition
NAME	ANIMASHAUN, PATRICIA	4.2 NAME	ADESUWA OBASOHAN
STREET ADDRESS	18905 NW 31ST AVE.	4.3 STREET ADDRESS	17906 NW 68th AVE
CITY-ST-ZIP	CAROL CITY FL	4.4 CITY-ST-ZIP	MIAMI LAKES
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Esther Nobakhare ESTHER NOBAKHARE 04/18/95 (305) 628-0824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #