

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000003525 (3)**

1. Corporation Name

**NIGERIAN ISLAMIC SOCIETY, INC.**



Principal Place of Business

Mailing Address

**2410 N.W. 93 STREET  
MIAMI FL 33147  
US**

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MIAMI FL 33147  
US**

3. Date Incorporated or Qualified  
**08/02/1993**

3a. Date of Last Report  
**06/22/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**65-0446430**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLAIGBE, OLA  
2410 NW 93 STREET  
MIAMI FL 33147**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **500001848059  
-06/03/96--01049--017**

84 City

**\*\*\*61.25**

**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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	ETTI, FATAI A	19446 NW 54TH ST	MIAMI FL 33055	<input checked="" type="checkbox"/>
D	SALVADOR, QUADIR	16185 NW 19TH CT	NORTH MIAMI BEACH FL 33162	<input checked="" type="checkbox"/>
DS	ADEBISI, SURAJ M	5581 NW 192ND ST	MIAMI FL 33015	<input checked="" type="checkbox"/>
DT	AKANDE, MOHAMMED A	10930 NW 14TH AVE #A35	MIAMI FL 33167	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DP	BAMSIQBIN, OLAJIDE N.	4406 N.W. 200TH ST.	MIAMI, FL. 33055	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	IBRAHIM, LATEEF	10920 N.W. 14TH AVE, #B43	MIAMI, FL. 33167	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DS	ADEBISI, SURAJ M.	5881 N.W. 192ND ST.	MIAMI, FL. 33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DT	SALVADOR, RASAQ O.	4221 S.W. 21ST ST.	HOLLYWOOD, FL. 33023	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	OLADUNNI, DELE Y.	1120 N.W. 78TH TR.	PLANTATION, FL. 33322	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	AZEEZ-ADEBISI, RISIKAT A.	5881 N.W. 192ND ST.	MIAMI, FL. 33015	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)(k), 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: *SURAJ M. ADEBISI* **SURAJ M. ADEBISI** 03-15-96 (305) 691-0124  
Date Daytime Phone

CS 5/1/96

CR2E037 (12/95)