

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005438

FILED
Feb 28, 2009
Secretary of State

Entity Name: EDUCATION OPPORTUNITIES FOR NIGERIA, INC.

Current Principal Place of Business:

3712 N.W. 84TH DRIVE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

3712 N.W. 84TH DR.
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 59-3211603

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVER, JAMES
229 NW 123RD ST
NEWBERRY, FL 32669 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FALADE, CHRISTOPHER O.
Address: 3712 NW 84TH DR
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: FALADE, CHRISTIARAH
Address: 3712 N.W. 84TH DRIVE
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: SADIKU, MATTHEW
Address: 18307 LODGEPOLE PINE ST
City-St-Zip: CYPRESS, TX 77429

Title: D () Delete
Name: AJANI, TIMOTHY
Address: 6744 BATTLE RD
City-St-Zip: FAYETTEVILLE, NC 28314

Title: D () Delete
Name: KENT, GAY M
Address: 10550 NE 67TH LN
City-St-Zip: BRONSON, FL 32621

Title: D () Delete
Name: EFUWADE, JOSHUA
Address: 1113 COLUMBIA AVENUE
City-St-Zip: LANSDALE, PA 19446

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
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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: CHRISTOPHER O. FALADE

PD

02/28/2009

Electronic Signature of Signing Officer or Director

Date