

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003480

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: EDO ASSOCIATION OF FLORIDA INCORPORATED

**Current Principal Place of Business:**

P.O. BOX 69-4413  
MIAMI, FL 332691413 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 69-4413  
MIAMI, FL 332691413 US

**New Mailing Address:**

FEI Number: 65-0550278

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OJO, GODWIN  
7630 SHALIMAR STREET  
MIRAMAR, FL 33023 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: GODWIN, OJO  
Address: 7630 SHALIMAR ST.  
City-St-Zip: MIRAMAR, FL 33023

Title: DV ( ) Delete  
Name: AIKHIONBARE, VICTOR  
Address: 4427 LAKE LUCERNE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: TD ( ) Delete  
Name: OHENHEN, WESLEY  
Address: 13500 NE 3RD COURT, #423  
City-St-Zip: MIAMI, FL 33161

Title: FSD ( ) Delete  
Name: IZEBVIGIE, SCOTTY  
Address: 1021 NW 185 DR.  
City-St-Zip: MIAMI, FL 33169 US

Title: DS ( ) Delete  
Name: URHOGHIDE, ISALIAH  
Address: 3712 SW 52ND AVE #208  
City-St-Zip: PEMBROOK PARK, FL 33023

Title: DAS ( ) Delete  
Name: ODIETE, ROBERT  
Address: 16951 SW 152 AVE  
City-St-Zip: MIAMI, FL 33187

**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: DS (X) Change ( ) Addition  
Name: URHOGHIDE, ISALIAH  
Address: 9948 W. DAFFODIL LANE  
City-St-Zip: MIRAMAR, FL 33025

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTTY IZEBVIGIE

FSD

04/18/2005

Electronic Signature of Signing Officer or Director

Date