


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90005 018 ****61.25

DOCUMENT # N95000004078						
1. Entity Name FEDERAL COUNCIL OF NIGERIANS IN SOUTH FLORIDA, INC.						
Principal Place of Business 15401 NE 6TH AVE APT B-124 MIAMI, FL 33162			Mailing Address 15401 NE 6TH AVE APT B-124 MIAMI, FL 33162			
2. Principal Place of Business - No P.O. Box # 2151 N.E 168 Street		3. Mailing Address 2151 N.E 168 Street				
Suite, Apt. #, etc. Apt. #10		Suite, Apt. #, etc. Apt. #10		08192008 Chg-NP CR2E037 (12/06)		
City & State N. MIAMI BEACH, FL		City & State N. MIAMI BEACH, FL		4. FEI Number 65-0607944		
Zip 33162		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EYO, BUFFER E 15121 SW 154TH COURT MIAMI, FL 33196			7. Name and Address of New Registered Agent			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____						
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME EYO, BUFFER E		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 15121 SW 154TH CT	CITY-ST-ZIP MIAMI, FL 33196		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME IKPEINYANG, BASSEY		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 15401 NE 6TH AVE APT B-124	CITY-ST-ZIP MIAMI, FL 33162		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME UKPAI, EMMANUEL		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 4700 NW 12TH CT	CITY-ST-ZIP LAUDERHILL, FL 33313		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE D	NAME AJAYI, KUNLE		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 9111 ANDORA DR	CITY-ST-ZIP MIRAMAR, FL 33025		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE PD	NAME OKECHUKU, GODWIN		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 2151 NE 168TH ST SUITE 10	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: _____			8/20/08 305 298-0458			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			