

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004454

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** RIVERS-BAYELSA STATES ASSOCIATION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1545 NORTH EAST 142ND STREET  
NORTH MIAMI, FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 681810  
NORTH MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** 65-0670273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OKOINYAN, TIMI  
14364 SW 106 TERRACE  
MIAMI, FL 33186 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: OKOINYAN, TIMI  
Address: 14364 SW 106 TERRACE  
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete  
Name: ERETORU, TAMUNO  
Address: 18831 NW 7TH COURT  
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete  
Name: AMADI, SARAH  
Address: 14565 NE 6TH AVE APT 219  
City-St-Zip: MIAMI, FL 33169

Title: T ( ) Delete  
Name: MCPEREBO, IBIFURO  
Address: 4601 NW 183 STREET APT H-11  
City-St-Zip: MIAMI, FL 33055

**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:

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: TIMI OKOINYAN

P

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date