

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N95000004454**

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



Principal Place of Business

**18831 NW 7TH CT  
MIAMI, FL 33169**

Mailing Address

**P.O. BOX 681810  
NORTH MIAMI, FL 33168**

**FILED**  
**Aug 25, 2008 08:00 AM**  
**Secretary of State**



08212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0670273**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ERETORU, TAMUNO  
18831 NW 7TH CT  
MIAMI, FL 33169**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME OKECHUKU, GODWIN  
STREET ADDRESS 2151 NE 168TH ST  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE VD  
NAME ERETORU, TAMUNO  
STREET ADDRESS 18831 NW 7TH COURT  
CITY-ST-ZIP MIAMI, FL 33169

TITLE SD  
NAME MPAKA, BRAIDE  
STREET ADDRESS 19183 NW 78TH CT  
CITY-ST-ZIP MIAMI, FL 33015

TITLE FS  
NAME TIPTON, SOTONYE  
STREET ADDRESS 6170 1 SHERWOOD GLEN WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000958331  
08/25/08-80004-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/21/08 305-298-0458