

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005461 (7)

1. Corporation Name

NIGERIAN AMERICAN FORUM OF FLORIDA (NAFF), INC.



Principal Place of Business: **220 SE 2ND AVE. FT. LAUDERDALE FL 33301**
 Mailing Address: **220 SE 2ND AVE. FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified: **11/13/1995**
 3a. Date of Last Report: **N/A**

2. Principal Place of Business: **21 SAME**
 2a. Mailing Address: **26 c/o Dr. Jerry Kolo**
 Suite, Apt. #, etc.: **22**
 City & State: **27 220 SE 2nd Avenue Ft. Lauderdale, FL**
 Zip: **24** **25** **29 33301** **30 Broward**

4. FEI Number: **EIN 65-0663592**
 Applied For: **Not Applicable**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
UGWEJE, OKECHUKWU C
220 SE 2ND AVE.
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
 81 Name: **OKECHUKWU C. UGWEJE**
 82 Street Address (P.O. Box Number is Not Acceptable): **15999 SW 8th Avenue,**
 83 **A-205**
 84 City: **Delray Beach** **FL** 85 Zip Code: **33444**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **Okechukwu C. Ugweje, President** **6-20-96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input type="checkbox"/>
NAME	UGWEJE, OKECHUKWU	
STREET ADDRESS	15999 SW 8TH AVE., A-205	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input type="checkbox"/>
NAME	OBICHERE, IHENACHO	
STREET ADDRESS	5345 GATE LAKE RD.	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	T	<input checked="" type="checkbox"/>
NAME	OKAFOR, JOHNNY	
STREET ADDRESS	831 LYONS RD., #23103	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	N/A	<input type="checkbox"/>
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	
TITLE	N/A	<input type="checkbox"/>
NAME	N/A	
STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Ugweje, Okechukwu C.		
1.3 STREET ADDRESS	15999 SW 8th Avenue, A-205		
1.4 CITY-ST-ZIP	Delray Beach, FL 33444		
2.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Obichere, Ihenacho		
2.3 STREET ADDRESS	5345 Gate Lake Rd.		
2.4 CITY-ST-ZIP	Tamarac, FL 33319		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	Azebeokhai, Andrew		
3.3 STREET ADDRESS	2701 Riverside Drive, #B-515		
3.4 CITY-ST-ZIP	Coral Spring, FL 33065		
4.1 TITLE	N/A	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	N/A		
4.3 STREET ADDRESS	N/A		
4.4 CITY-ST-ZIP	N/A		
5.1 TITLE	N/A	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	N/A		
5.3 STREET ADDRESS	N/A		
5.4 CITY-ST-ZIP	N/A		
6.1 TITLE	N/A	<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	N/A		
6.3 STREET ADDRESS	N/A		
6.4 CITY-ST-ZIP	N/A		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Okechukwu C. Ugweje** **6-20-96** **(407) 367-2811**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)