

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

4. FEI Number

EIN 65-0663592

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27 220 SE 2nd Avenue

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23

City & State

28 Ft. Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29 33301

Country

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UGWEJE, OKECHUKWU C
220 SE 2ND AVE.
FT. LAUDERDALE FL 33301**

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
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **UGWEJE, OKECHUKWU**
STREET ADDRESS **15999 SW 8TH AVE., A-205**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **S** ☐ DELETE
NAME **OBICHERE, IHENACHO**
STREET ADDRESS **5345 GATE LAKE RD.**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE **T** ☒ DELETE
NAME **OKAFOR, JOHNNY**
STREET ADDRESS **831 LYONS RD., #23103**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

TITLE ☐ DELETE
NAME **N/A**
STREET ADDRESS **N/A**
CITY-ST-ZIP **N/A**

1.1 TITLE **D** ☐ Change ☒ Addition
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** ☐ Change ☒ Addition
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** ☐ Change ☒ Addition
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 ☐ Change ☐ Addition
4.2 NAME **N/A**
4.3 STREET ADDRESS **N/A**
4.4 CITY-ST-ZIP **N/A**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **N/A**
5.3 STREET ADDRESS **N/A**
5.4 CITY-ST-ZIP **N/A**

6.1 TITLE ☐ Change ☐ Addition
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)