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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000137 (7)

1. Corporation Name

NATIONAL ORGANIZATION OF NIGERIAN AMERICAN, INC.



Principal Place of Business

Mailing Address

7646 LEM TURNER RD
JACKSONVILLE FL 32208

P O BOX 43042
JACKSONVILLE FL 32203-3042

3. Date Incorporated or Qualified
01/02/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

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

10. Name and Address of New Registered Agent

OYELAMI, FATAI D
6056 COLUMBINE DR
JACKSONVILLE FL 32211

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME OYELAMI, FATAI D
STREET ADDRESS 6056 COLUMBINE DR
CITY-ST-ZIP JACKSONVILLE FL 32211

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME IGWE-ONU, MOSES
STREET ADDRESS 4827 SUNBEAM STATION CT
CITY-ST-ZIP JACKSONVILLE FL 32257

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME ONOUHO, GABRIEL
STREET ADDRESS 4115 O'RIELY DR
CITY-ST-ZIP JACKSONVILLE FL 32277

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME ROMANI, FRANK
STREET ADDRESS 8009 FRESCA ST
CITY-ST-ZIP JACKSONVILLE FL 32217

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME MODUPE, KUNLE
STREET ADDRESS 9855 REGENCY SQUARE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32211

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME UKPONG, SONNY
STREET ADDRESS 2150 PARK ST
CITY-ST-ZIP JACKSONVILLE FL 32211

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Fatai Oyelami, FATAI OYELAMI

CR2E037 (9/96)