

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000137 (7)

1. Corporation Name

NATIONAL ORGANIZATION OF NIGERIAN AMERICAN, INC.

Principal Place of Business

7646 LEM TURNER RD
JACKSONVILLE FL 32208

Mailing Address

P O BOX 43042
JACKSONVILLE FL 32203

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

APPLIED FOR 59-3523385

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

21 6325 ARLINGTON RD.

Suite, Apt. #, etc.

22 JACKSONVILLE, FL 32211

City & State

23

Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29 Country

30

9. Name and Address of Current Registered Agent

OYELAMI, FATAI D (DELE FATAH OYELAMI)
8058 COLUMBINE DR (attached name change)
JACKSONVILLE FL 32211 documents

10. Name and Address of New Registered Agent

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 Ladele F Oyelami

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/18/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME OYELAMI, FATAI D
STREET ADDRESS 8058 COLUMBINE DR
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME DIRECTOR
1.3 STREET ADDRESS ABAYOMI D. IYAWARUN
1.4 CITY-ST-ZIP 4915 BAYMEADOWS RD. #11D
JACKSONVILLE, FL 32217

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: Ladele F Oyelami
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/98

Date

(904) 744-9048

Daytime Phone #

CR2E037 (5/98)