


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

0006

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
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3. Date incorporated or Qualified 01/02/1996	
4. FEI Number APPLIED FOR / 59-3523385	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 6325 ARLINGTON RD. Suite, Apt. #, etc. 22 JACKSONVILLE, FL 32211 City & State 23	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28	23 Zip 24	Country 25	29 Zip 30	Country
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 DATE 9/18/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DIRECTOR
NAME	OYELAMI, FATAI D	1.2 NAME	ABAYOMI D. IYAWARUN
STREET ADDRESS	8058 COLUMBINE DR	1.3 STREET ADDRESS	4915 BAYMEADOWS RD. #11D
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	D	2.1 TITLE	
NAME	IGWE-ONU, MOSES	2.2 NAME	
STREET ADDRESS	4827 SUNBEAM STATION CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ONOUHO, GABRIEL	3.2 NAME	
STREET ADDRESS	4115 O'RIELY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ROMANI, FRANK	4.2 NAME	
STREET ADDRESS	8009 FRESCA ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MODUPE, KUNLE	5.2 NAME	
STREET ADDRESS	9855 REGENCY SQUARE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	UKPONG, SONNY	6.2 NAME	
STREET ADDRESS	2150 PARK ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	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 DATE 9/18/98 (904) 744-9048  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)