

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 048 ****66.25

DOCUMENT # N96000000137 ✓

1. Corporation Name

NATIONAL ORGANIZATION OF NIGERIAN AMERICAN, INC.

Principal Place of Business

6325 ARLINGTON RD
JACKSONVILLE FL 32211
US

Mailing Address

P O BOX 43042
JACKSONVILLE FL 32203



585472 - 90019 - 48



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		01/02/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-3523385	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
4		25		29	

9. Name and Address of Current Registered Agent

OYELAMI, FATAI D
6056 COLUMBINE DR
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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OYELAMI, FATAI D	1.2 NAME	
STREET ADDRESS	6056 COLUMBINE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IYAWARUN, ABAYOMI D	2.2 NAME	
STREET ADDRESS	4915 BAYMEADOWS RD #11D	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UKPONG, SONNY	4.2 NAME	
STREET ADDRESS	2150 PARK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Lapob Oyeleami*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 (904) 744-9048

CR2E037 (1/198)

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