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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000000137 ✓
1. Corporation Name
NATIONAL ORGANIZATION OF NIGERIAN AMERICAN, INC.



* 5 8 5 4 7 2 *
585472 - 90019 - 48



Principal Place of Business Mailing Address
6325 ARLINGTON RD P O BOX 43042
JACKSONVILLE FL 32211 JACKSONVILLE FL 32203
US

2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 01/02/1996
1. Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 4. FEI Number 59-3523385 Applied For Not Applicable
2. City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
3. Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
4. 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
OYELAMI, FATAI D 81 Name
6056 COLUMBINE DR 82 Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32211 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 (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE [] DELETE 1.1 TITLE [] Change [] 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 [] DELETE 2.1 TITLE [] Change [] 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 [] DELETE 3.1 TITLE [] Change [] 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 [] DELETE 4.1 TITLE [] Change [] 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 [] DELETE 5.1 TITLE [] Change [] Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE [] DELETE 6.1 TITLE [] Change [] 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: *Ladob Oyeleami* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 (904) 744-9048
Date Daytime Phone #

CR2E037 (1/198)