

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000002546 (7)  
1. Corporation Name  
EGBA ASSOCIATION OF FLORIDA, INC.



Principal Place of Business Mailing Address  
470 N.E. 180TH DRIVE N MIAMI BEACH FL 33162 470 N.E. 180TH DRIVE N MIAMI BEACH FL 33162-1962

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0672190		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADEJOBI AYoola. <del>ADELOBI AYoola</del> 6109 S.W. 35TH STREET MIRAMAR FL 33023				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: *Adejobi Ayoola*  
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 1?			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	WHIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADEBOLA ADEIFE			1.2 NAME	TOKUNBO A. ADELEKE		
STREET ADDRESS	9530 West Daffodil Lane			1.3 STREET ADDRESS	470 NE 180 DR.		
CITY-ST-ZIP	Miramar, Florida 33025			1.4 CITY-ST-ZIP	N.M. Bch. FL 33162		
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FOLA ADELEKE			2.2 NAME			
STREET ADDRESS	470 NE 180 DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	N.M.B. FLA 33162			2.4 CITY-ST-ZIP			
TITLE	SECRETARY	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLUBUKOLA ADELOBI			3.2 NAME			
STREET ADDRESS	700 NW 24th St #317			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FLORIDA 33169			3.4 CITY-ST-ZIP			
TITLE	FINANCIAL SECRETARY	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATIENCE O JOSHUA			4.2 NAME			
STREET ADDRESS	3310 NW 178 STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33058			4.4 CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Shokunbi, Charmaine			5.2 NAME			
STREET ADDRESS	20931 N.E. 13 PL			5.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI Bch. FL 33179			5.4 CITY-ST-ZIP			
TITLE	ASST. SECRETARY	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANTONIA ABIDIA			6.2 NAME			
STREET ADDRESS	470 NE 180 DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI, Beach FL 33162			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: *PN... ADEIFE President 4/14/97*

CR2E037 (9/96)