

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002546

FILED
Apr 20, 2007
Secretary of State

Entity Name: EGBA ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

P.O.BOX 612212
NORTH MIAMI BEACH, FL 33126

New Principal Place of Business:

610 NW 183 STREET
208
MIAMI, FL 33169

Current Mailing Address:

P.O. BOX 612212
NORTH MIAMI BEACH, FL 33126

New Mailing Address:

FEI Number: 65-0672190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADEJOBI, AYOOLA
513 SW 9TH, STREET
APT2
HALLANDALE, FL 33039 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ADEJOBI, AYOOLA
Address: 513 SW 9TH STREET
City-St-Zip: HALLANDALE, FL 33009

Title: V () Delete
Name: BANKOLE, OLATUNJI
Address: 6724 CAMELIA DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: S () Delete
Name: OGUNNUSI, DUPE
Address: 660 NW 177TH STREET, APT 224
City-St-Zip: MIAMI GARDENS, FL 33169

Title: AS () Delete
Name: ANI - WILLIAMS, TAMIKA
Address: P.O. BOX 612212
City-St-Zip: NORTH MIAMI BEACH, FL 33126

Title: T () Delete
Name: ADEJOBI, FLORENCE
Address: P.O. BOX 612212
City-St-Zip: NORTH MIAMI BEACH, FL 33126

Title: FS () Delete
Name: JOSHUA, PATIENCE
Address: P.O. BOX 612212
City-St-Zip: NORTH MIAMI BEACH, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: ANI - WILLIAMS, TANIKA
Address: P.O. BOX 612212
City-St-Zip: NORTH MIAMI BEACH, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AYOOLA ADEJOBI

P

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date