
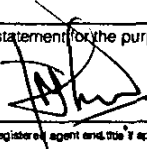
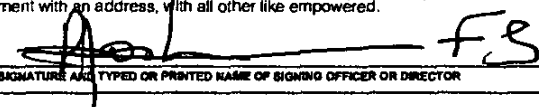


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90028 030 ****70.00

DOCUMENT # N96000002546			
1. Entity Name EGBA ASSOCIATION OF FLORIDA, INC.			
Principal Place of Business 610 NW 183 STREET 208 MIAMI, FL 33169		Mailing Address P.O. BOX 612212 NORTH MIAMI BEACH, FL 33126	
2. Principal Place of Business - No P.O. Box # 610 NW 183RD STREET		3. Mailing Address P.O. Box 612212	
Suite, Apt. #, etc. 208		Suite, Apt. #, etc. North Miami Beach,	
City & State MIAMI, FLORIDA		City & State FLORIDA	
Zip 33169		Country U.S.A	
Zip 33169		Country U.S.A	
4. FEI Number 65-0672190		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent ADEJOBI, AYoola 513 SW 9TH STREET APT 2 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name: JOSHUA, TUNDE Street Address (P.O. Box Number is not acceptable): 610 NW 183RD #208 MIAMI City: MIAMI FL Zip Code: 33169	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 1/30/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: ADEJOBI, AYoola STREET ADDRESS: 513 SW 9TH STREET CITY-ST-ZIP: HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: OLATUNJI BANKOLE STREET ADDRESS: 6724 CAMELIA DRIVE CITY-ST-ZIP: MIRAMAR FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: BANKOLE, OLATUNJI STREET ADDRESS: 6724 CAMELIA DRIVE CITY-ST-ZIP: MIRAMAR, FL 33025	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: OLUKUNLE OYENEYE STREET ADDRESS: P.O. Box 612212 CITY-ST-ZIP: N.M.B., FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: OGUNNUSI, DUPE STREET ADDRESS: 660 NW 177TH STREET, APT 224 CITY-ST-ZIP: MIAMI GARDENS, FL 33169	<input type="checkbox"/> Delete	TITLE: SECRETARY NAME: DUPE OGUNNUSI STREET ADDRESS: P.O. Box 612212 CITY-ST-ZIP: N.M.B., FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: ANI - WILLIAMS, TANIKA STREET ADDRESS: P.O. BOX 612212 CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE: AS NAME: ALIASAU MUSTAPHA STREET ADDRESS: P.O. BOX 612212 CITY-ST-ZIP: N.M.B., FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: ADEJOBI, FLORENCE STREET ADDRESS: P.O. BOX 612212 CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE: TREASURER NAME: TITILOLA COLE STREET ADDRESS: P.O. Box 612212 CITY-ST-ZIP: N.M.B., FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: FS NAME: JOSHUA, PATIENCE STREET ADDRESS: P.O. BOX 612212 CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33126	<input type="checkbox"/> Delete	TITLE: FS NAME: PATIENCE JOSHUA STREET ADDRESS: P.O. Box 612212 CITY-ST-ZIP: N.M.B., FL 33126	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 786-488-3350	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	