2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2012
Secretary of State

DOCUMENT# N96000002546

Entity Name: EGBA ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

610 NW 183RD STREET
208
MIAMI, FL 33169

New Principal Place of Business:

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:

JOSHUA, TUNDE
610 NW 183RD ST
208
MIAMI, FL 33169 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
Name: BANKOLE, OLATUNJI
Address: 6724 CAMEELA DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: V
Name: OYENEYE, OLUKUNLE
Address: 6724 CAMELIA DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: S
Name: SHOGAOLU, BIOLA
Address: 660 NW 177TH STREET, APT 224
City-St-Zip: MIAMI GARDENS, FL 33169

Title: AS
Name: MUSTAPHA, ALIASAU
Address: P.O. BOX 612212
City-St-Zip: NORTH MIAMI BEACH, FL 33126

Title: T
Name: COLE, TITILOLA
Address: P.O. BOX 612212
City-St-Zip: NORTH MIAMI BEACH, FL 33126

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

I hereby 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 all other like empowered.

SIGNATURE: TUNJI BANKOLE PRES 02/18/2012

Electronic Signature of Signing Officer or Director — Date