SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

[redacted]

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

APPROVED AND FILED

97 NOV 12 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. Allen 11/12/97

DOCUMENT # N96000006179 (3)

1. Corporation Name

NIGERIAN CATHOLIC COMMUNITY OF SOUTH FLORIDA, IN C.

Principal Place of Business	Mailing Address
2099 N.W. 141TH STREET #2 OPA-LOCKA FL 33054	2099 N.W. 141TH STREET #2 OPA-LOCKA FL 33054

REINSTATEMENT DO NOT WRITE IN THIS SPACE 97

3. Date Incorporated or Qualified: 12/05/1996
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: APPLIED FOR ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~OLAIGBE, OLA~~
~~10441 N.W. 2ND AVE., SUITE 220~~
~~MIAMI FL 33169~~
BARTHOLOMEW OKORO
135 NW 163rd
Miami FL 33169

10. Name and Address of New Registered Agent

81 Name: BARTHOLOMEW OKORO
82 Street Address (P.O. Box Number is Not Acceptable): 135 NW 163rd Street
83: 600002350296--0
-11/18/97--01041-005-
84 City: MIAMI ****236.25 85 Zip Code: FL ****33169

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 [signature] 11/7/97
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 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NJOKU, GREGORY 2099 N.W. 141TH STREET #2 OPA-LOCKA FL 33054	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Dr Emmanuel Okpala 2738 S. Miami Avenue Fl 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD OKPALA, EMMANUEL 2099 N.W. 141TH STREET #2 OPA-LOCKA FL 33054	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V.P DR. EMMANUEL OKPALA 2530 NW 131 St. Miami, FL 33167	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OGUGUA, CHARLES 2099 N.W. 141TH STREET #2 OPA-LOCKA FL 33054	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Chris Anyagaligbo ~~2099 N.W. 141th Street~~ P.O. Box 1240 NW 198 St Miami, FL 33169	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANYAGALIGBO, CHRIS 2099 N.W. 141TH STREET #2 OPA-LOCKA FL 33054	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Secretary Charles Ogugua	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OGWO, NGOZI 2099 N.W. 141TH STREET #2 OPA-LOCKA FL 33054	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Bartholomew Okoro 135 NW 163 St Miami, FL 33169	☐ Change ☒ Addition Financial Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD OKANI, OBY 2099 N.W. 141TH STREET #2 OPA-LOCKA FL 33054	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Ngozi Ogwo 20850 SAM Treasurer FL Simon HWY APT 207 33179	☐ Change ☒ Addition

CR2E037 (4/97)

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 REQUIRED [signature] 11/8/97 305-944-7150