

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

FILED

98 OCT 16 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21

26

135 NW 163RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Miami FL

Zip

Country

Zip

Country

24

25

29

33169

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/05/1996

4. FEI Number

APPLIED FOR 65-0713486

☒ 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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME EMMANUEL, DR.
STREET ADDRESS 2238 S. MIAMI AVE. N.W.
CITY-ST-ZIP MIAMI FL 33129

TITLE VP ☐ DELETE

NAME EMMANUEL, OBIESIE
STREET ADDRESS 2530 N.W. 131 STREET
CITY-ST-ZIP MIAMI FL 33167

TITLE VD ☒ DELETE

NAME ANYAGELGBO, CHRIS
STREET ADDRESS 1340 N.W. 198 STREET
CITY-ST-ZIP MIAMI FL 33169

TITLE SD ☐ DELETE

NAME OGUGUA, CHRIS
STREET ADDRESS 2099 N.W. 141TH STREET #2
CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE TD ☐ DELETE

NAME OGWO, NGOZI
STREET ADDRESS 2099 N.W. 141TH STREET #2
CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE TD ☐ DELETE

NAME OKANI, OBY
STREET ADDRESS 2099 N.W. 141TH STREET #2
CITY-ST-ZIP OPA-LOCKA FL 33054

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

200002668152--6

-10/20/98--01059--005

*****61.25 *****61.25

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

OKORO BARTHOLOMEW
135 N.W. 163rd Street
Miami, FL 33169

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

SIGNATURE REQUIRED

CR2E037 (10/97)