

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001906

**FILED**  
**Aug 15, 2004**  
**Secretary of State****Entity Name:** NIGERIAN PHARMACISTS ASSOCIATION TAMPA BAY AREA, INC.**Current Principal Place of Business:**1612 W WATERS AVE  
SUITE 107  
TAMPA, FL 33604**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 261595  
TAMPA, FL 33685**New Mailing Address:****FEI Number:** 59-3440274**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHOBOLA, KENNETH  
1612 W WATERS AVE  
SUITE 107  
TAMPA, FL 33604**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:** MEKOWULU, EMMANUEL  
**Address:** 10613 HATTERAS DRIVE  
**City-St-Zip:** TAMPA, FL 33615**Title:** FS ( ) Delete  
**Name:** OGUNDIPE, KAYODE  
**Address:** 18205 HOLLY HILLSWAY  
**City-St-Zip:** TAMPA, FL 33647**Title:** SD ( ) Delete  
**Name:** FADARE, ABIOLA  
**Address:** 11401 9TH ST NORTH #1804  
**City-St-Zip:** ST PETERSBURG, FL 33716**Title:** VP ( ) Delete  
**Name:** OLUSSANYA, AKIM  
**Address:** 13154 ROYAL GEORGE AVE  
**City-St-Zip:** TAMPA, FL 33556**Title:** SD ( ) Delete  
**Name:** MKPARU, KATHERINE MS.  
**Address:** 411 VENTURA DR  
**City-St-Zip:** OLDSMAR, FL 34677**Title:** D ( ) Delete  
**Name:** ALLI, LEKE  
**Address:** 5022 DEVON PARK DR  
**City-St-Zip:** TAMPA, FL 33647**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:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****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 Section 119.07(3)(i), 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: EMMANUEL MEKOWULU

PD

08/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date