

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001906**

1. Entity Name  
**NIGERIAN PHARMACISTS ASSOCIATION TAMPA BAY  
AREA, INC.**



Principal Place of Business

**1612 W WATERS AVE  
SUITE 107  
TAMPA, FL 33604**

Mailing Address

**P.O. BOX 261595  
TAMPA, FL 33685**



04062005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3440274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHOBOLA, KENNETH  
1612 W WATERS AVE  
SUITE 107  
TAMPA, FL 33604**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000336961  
04/27/05-80148-010 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MEKOWULU, EMMANUEL
STREET ADDRESS	10613 HATTERAS DRIVE
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	FS
NAME	OGUNDIPE, KAYODE
STREET ADDRESS	18205 HOLLY HILLWAY
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SD
NAME	FADARE, ABIOLA
STREET ADDRESS	11401 9TH ST NORTH #1804
CITY-ST-ZIP	ST PETERSBURG, FL 33716
TITLE	VP
NAME	OLUSSANYA, AKIM
STREET ADDRESS	13154 ROYAL GEORGE AVE
CITY-ST-ZIP	TAMPA, FL 33556
TITLE	SD
NAME	MKPARU, KATHERINE MS.
STREET ADDRESS	411 VENTURA DR
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	D
NAME	ALLI, LEKE
STREET ADDRESS	5022 DEVON PARK DR
CITY-ST-ZIP	TAMPA, FL 33647

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IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**813-334-8561**