

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001906

FILED
Jan 05, 2009
Secretary of State

Entity Name: NIGERIAN PHARMACISTS ASSOCIATION TAMPA BAY AREA, INC.

Current Principal Place of Business:

8615 VILLA LARGO
SUITE 107
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 280279
TAMPA, FL 33682

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:

ADEMOYE, FEMI
8615 VILLA LARGO DR
TAMPA, FL 33614 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: P () Delete
Name: ADEMOYE, FEMI
Address: 8615 VILLA LARGO DR
City-St-Zip: TAMPA, FL 33614

Title: VP () Delete
Name: NANAKUMO, VENAN
Address: 5017 OAKSHIRE DR
City-St-Zip: TAMPA, FL 33625

Title: FS () Delete
Name: ELIOGU, PETER
Address: 10207 CYPRESS LINKS DR
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: EKECHI, MATTHEW
Address: 29855 PRAIRIE FALCON DR
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: SD () Delete
Name: MKPARU, KATHERINE MS.
Address: 411 VENTURA DR
City-St-Zip: OLDSMAR, FL 34677

Title: SEC () Delete
Name: INYANG, INI
Address: 17332 GARDEN HEATH COURT
City-St-Zip: LAND O LAKE, FL 34638

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MATTHEW EKECHI

T

01/05/2009

Electronic Signature of Signing Officer or Director

Date