

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001906

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

6001 SILVER STAR ROAD  
2  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

6001 SILVER STAR ROAD  
2  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 59-3440274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OBAITAN, BAMIDELE  
3654 BALLASTONE DRIVE  
LAND O LAKES, FL 34638 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  
Name: OBAITAN, BAMIDELE  
Address: 3654 BALLASTONE DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

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

Title: T  
Name: ADEYANJU, ADENIKE  
Address: 4102 HERITAGE LAKE CT  
City-St-Zip: LUTZ, FL 33558

Title: SEC  
Name: OBAITAN, REBECCA  
Address: 3654 BALLASTONE DRIVE  
City-St-Zip: LAND O LAKE, FL 34638

I hereby 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 all other like empowered.

SIGNATURE: BAMIDELE OBAITAN

MR.

04/12/2012

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

\_\_\_\_\_  
Date