


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90022 048 ****61.25

0037909

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000003924					
1. Corporation Name FRIENDS OF THE NIGERIAN INSTITUTE OF ARCHITECTS, INC.					
Principal Place of Business 1323 SE 17 STREET SUITE 155 FT LAUDERDALE FL 33316-1707			Mailing Address 1323 SE 17 STREET SUITE 155 FT LAUDERDALE FL 33316-1707		

124816 - 90022 - 48



2. Principal Place of Business 21 3189 BEAR PATH		2a. Mailing Address 26 608 WEST VINE ST.		3. Date Incorporated or Qualified 07/07/1997	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 SUITE 13		4. FEI Number NOT APPLICABLE	
City & State 23 KISSIMMEE FL		City & State 28 KISSIMMEE F		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34746		Zip 29 34741		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA			
9. Name and Address of Current Registered Agent GATSOS, ELAINE M 1499 W PALMETTO PARK ROAD STE 210 BOCA RATON FL 33486				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYBACZUK, ADALBERT			1.2 NAME			
STREET ADDRESS	6311 N ALBANY AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60659			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RYBACZUK, VIVIANNE			2.2 NAME			
STREET ADDRESS	6311 N ALBANY AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60659			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAVARRA, BARRY			3.2 NAME			
STREET ADDRESS	260 NW 2 STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH FL 33441			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

1/27/99 (407) 390-6138