2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000001326

1. Entity Name
FEDERATION OF IKUN-EKITI DESCENDANTS UNION OVERSEAS, INC.

Principal Place of Business	Mailing Address
2501 WALNUT HEIGHTS ROAD APOPKA, FL 32703	2501 WALNUT HEIGHTS ROAD APOPKA, FL 32703

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02172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0823776
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DADA, MICHAEL
2501 WALNUT HEIGHTS ROAD
APOPKA, FL 32703

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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: OLUSEGUN DADA 3/27/06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OMOTUNDE, YEMI
STREET ADDRESS	116 OAKRIDGE PL.
CITY-ST-ZIP	PARK RIVER, ND 58270
TITLE	D
NAME	AINA, KAYODE
STREET ADDRESS	621 CACEATE WAY
CITY-ST-ZIP	OXNARD, CA 93036
TITLE	D
NAME	DADA, OLUSEGUN
STREET ADDRESS	4241 58TH AVENUE, #8
CITY-ST-ZIP	BLADENSBURG, MD 20710
TITLE	D
NAME	ADELEYE, KAYODE
STREET ADDRESS	5200 KEMPTON AVENUE
CITY-ST-ZIP	OAKLAND, CA
TITLE	D
NAME	ADELWUMI, JONATHAN
STREET ADDRESS	325 FRANKLIN AVENUE
CITY-ST-ZIP	BROOKLYN, NY 11238
TITLE	D
NAME	AINA, JOHN
STREET ADDRESS	401 MIRAMAR
CITY-ST-ZIP	HOLLYWOOD, FL

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04/25/06-80036-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: OLUSEGUN DADA 3/27/06 301 484 1907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #