

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 24, 1999 8:00 am**  
**Secretary of State**

06-24-1999 90021 022 \*\*\*\*61.25

**DOCUMENT # N98000003698**

1. Corporation Name

**ODUDUWA DESCENDANTS OF TAMPA BAY, INC.**

Principal Place of Business  
9000-B NORTH FLORIDA AVE.  
TAMPA FL 33604

Mailing Address  
9000-B NORTH FLORIDA AVE.  
TAMPA FL 33604



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DEPARTMENT OF STATE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**06/22/1998**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For  
☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ODUWOLE, OLA G**  
**9000-B NORTH FLORIDA AVE.**  
**TAMPA FL 33604**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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 ☐ DELETE  
NAME **DP**  
STREET ADDRESS **ODUWOLE, OLA G**  
CITY-ST-ZIP **10652 3RD STREET N. APT. #G**  
**ST. PETERSBURG FL 33716**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **ODUSANYA, ADEOLA**  
CITY-ST-ZIP **9225 HIDDEN WATER CIRCLE**  
**RIVERVIEW FL 33569**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **DS**  
STREET ADDRESS **POPOOLA, NIYI**  
CITY-ST-ZIP **222 POMPANO DR., S.E. #F**  
**ST. PETERSBURG FL 33705**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE  
NAME **DT**  
STREET ADDRESS **OKUWOBI, FUMI**  
CITY-ST-ZIP **2405-A LYNN LAKE CIRCLE**  
**ST. PETERSBURG FL 33712**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME **DS**  
STREET ADDRESS **MOMEH, PAUL**  
CITY-ST-ZIP **222 POMPANO DR., S.E. ST. #E**  
**PETERSBURG FL 33705**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **DS**  
STREET ADDRESS **BOLARINWA, PERRY G**  
CITY-ST-ZIP **11013 SPRINGRIDGE DR.**  
**TAMPA FL 33624**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 6/21/99 727-822-8711

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