


FILE NOW: FILING FEE IS \$61.25

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

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

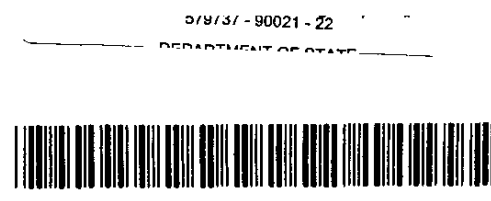
0049691

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

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
--	--



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
22 City & State	27 City & State	Applied For <input checked="" type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
26 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODUWOLE, OLA G	1.2 NAME	
STREET ADDRESS	10652 3RD STREET N. APT. #G	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODUSANYA, ADEOLA	2.2 NAME	
STREET ADDRESS	9225 HIDDEN WATER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL 33569	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPOOLA, NIYI	3.2 NAME	
STREET ADDRESS	222 POMPANO DR., S.E. #F	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OKUWOBI, FUMI	4.2 NAME	LATEEF ASHOKOBI
STREET ADDRESS	2405-A LYNN LAKE CIRCLE	4.3 STREET ADDRESS	7708 GULF COURT
CITY-ST-ZIP	ST. PETERSBURG FL 33712	4.4 CITY-ST-ZIP	TAMPA 33637
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOMEH, PAUL	5.2 NAME	
STREET ADDRESS	222 POMPANO DR., S.E. ST. #E	5.3 STREET ADDRESS	
CITY-ST-ZIP	PETERSBURG FL 33705	5.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLARINWA, PERRY G	6.2 NAME	
STREET ADDRESS	11013 SPRINGRIDGE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	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 REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/21/99 Daytime Phone #: 727-822-8711

CR2E037 (1/98)