2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004544

Entity Name: NIGERIAN NURSES ASSOCIATION, TAMPA BAY, INC.

FILED May 02, 2004 Secretary of State

Current Principal Place of Business: 910 BRIARCLIFF DRIVE VALRICO, FL 33594 Current Mailing Address:		New Principal Place of Business:
		2920 ANGELA COURT TAMPA, FL 33610
		New Mailing Address:
	RCLIFF DRIVE , FL 33594	P.O. BOX 172967 TAMPA, FL 33672
FEI Number	:: 59-3598538 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
	BI, FEHINTOLA MENIA AVENUE L 33069	
	e named entity submits this statement for th e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUI		
	Electronic Signature of Registered	gent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	PD () Delete ALEGE, RACHEL 910 BRIARCLIFF DRIVE VALRICO, FL 33594	Title: PD (X) Change () Addition Name: OYEBAMIJI, RAZAQ Address: 2920 ANGELA COURT City-St-Zip: TAMPA, FL 33610
Title: Name: Address: City-St-Zip:	VP () Delete OLADINNI, OLUFUNKE 17517 BRANCYWINE DRIVE LUTZ, FL 33549	Title: VP (X) Change () Addition Name: FALIBUYAN, ABIKE Address: 6563 SPANISH MOSS CIRCLE City-St-Zip: TAMPA, FL 33625
Title: Name: Address: City-St-Zip:	GS () Delete POPOOLA, BISI 16820 STANZA COURT TAMPA, FL 33624	Title: GS (X) Change () Addition Name: AJAYI, MODUPEOLA Address: 27507 WAIKIKI COURT City-St-Zip: WESLEY CHAPEL, FL 33543
Title: Name: Address: City-St-Zip:	T () Delete ADEGOKE, TAIYE 12013 RUNNING FOX CIRCLE RIVERVIEW, FL 33569	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete NDUKWE, FORTUNE 16111 PEBBLE BROOK DR. TAMPA, FL 33624	Title: T (X) Change () Addition Name: OLADINNI, OLUFUNKE Address: 17517 BRANDYWINE DRIVE City-St-Zip: LUTZ, FL 33549
Title: Name: Address:	S () Delete AJAYI, MODUPE 27507 WAIKIKI COURT	Title: S (X) Change () Addition Name: ALIMI, FOLAKE Address: 9214 SUNNY OAK DRIVE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: OYEBAMIJI RAZAQ PD 05/02/2004