

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004544

FILED
Mar 31, 2006
Secretary of State

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

Current Principal Place of Business:

2920 ANGELA COURT
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172967
TAMPA, FL 33672

New Mailing Address:

FEI Number: 59-3598538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OGUNTEBI, FEHINTOLA
109 N. ARMENIA AVENUE
TAMPA, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OYEBAMIJI, RAZAQ
Address: 2920 ANGELA COURT
City-St-Zip: TAMPA, FL 33610

Title: VP () Delete
Name: FALIBUYAN, ABIKE
Address: 6563 SPANISH MOSS CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: GS () Delete
Name: AJAYI, MODUPEOLA
Address: 27507 WAIKIKI COURT
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: FS () Delete
Name: ADEGOKE, TAIYE
Address: 12013 RUNNING FOX CIRCLE
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: OLADINNI, OLUFUNKE
Address: 17517 BRANDYWINE DRIVE
City-St-Zip: LUTZ, FL 33549

Title: S () Delete
Name: ALIM, FOLAKE
Address: 9214 SUNNY OAK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RAZAQ OYEBAMIJI

PD

03/31/2006

Electronic Signature of Signing Officer or Director

Date