2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2012
Secretary of State

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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:

2920 ANGELA COURT
TAMPA, FL 33610

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
Name: OYEBAMIJI, RAZAQ
Address: 2920 ANGELA COURT
City-St-Zip: TAMPA, FL 33610

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

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

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

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

Title: S
Name: ALIMI, FOLAKE
Address: 9214 SUNNY OAK DRIVE
City-St-Zip: RIVERVIEW, FL 33569

I hereby 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 all other like empowered.

SIGNATURE: RAZAQ OYEBAMIJI PD 03/28/2012

Electronic Signature of Signing Officer or Director Date