

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004902

FILED
Aug 24, 2004
Secretary of State

Entity Name: NIGERIAN COMMUNITY FORUM OF TAMPA BAY, INC.

Current Principal Place of Business:

8508 WALLABY WAY
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

8508 WALLABY WAY
TAMPA, FL 33635

New Mailing Address:

FEI Number: 47-0848024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBI, ROWLAND C
8508 WALLABY WAY
TAMPA, FL 33635 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: OBI, ROWLAND C
Address: 8508 WALLABY WAY
City-St-Zip: TAMPA, FL 33635

Title: VPD () Delete
Name: ODUSANYA, ADEOLA
Address: 4225 HIDDEN WATER CIR
City-St-Zip: RIVERVIEW, FL 33569

Title: FS () Delete
Name: FEDEYI, TUNDE
Address: 11362 BROOKGREEN DR.
City-St-Zip: TAMPA, FL 33624

Title: GSD () Delete
Name: POPOOLA, KUNLE
Address: 213 SEAHORSE DR SE
City-St-Zip: SAINT PETERSBURG, FL 337058

Title: T () Delete
Name: MUFOR, LETICIA DR
Address: 1503 STORINGTON AVE
City-St-Zip: BRANDON, FL 33511

Title: PR () Delete
Name: NNONYELU, HCHE
Address: 6545 SPANISH MOSS CIR
City-St-Zip: TAMPA, FL 33625

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
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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 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: ROWLAND C. OBI

PD

08/24/2004

Electronic Signature of Signing Officer or Director

Date