

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004902

FILED  
May 20, 2007  
Secretary of State

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

**Current Principal Place of Business:**

11362 BROOKGREEN DR  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 22842  
TAMPA, FL 33622

**New Mailing Address:**

**FEI Number:** 47-0848024      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FADEYI, DAUDA T  
11362 BROOKGREEN DR  
TAMPA, FL 33624      US

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: FADEYI, DAUDA T  
Address: 11362 BROOKGREEN DR  
City-St-Zip: TAMPA, FL 33624

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

Title: FS      ( ) Delete  
Name: RACHEL, ALEGE  
Address: 910 BRIARCLIFF DR  
City-St-Zip: VALRICO, FL 33594

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

Title: T      ( ) Delete  
Name: MUFORO, 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  
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 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: DAUDA T FADEYI

PD

05/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date