

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005007

**Entity Name:** OGBOMOSO DECENDANT UNION OF FLORIDA INC.**Current Principal Place of Business:**4901 S.W. 193RD LANE  
SOUTHWEST RANCHES, FL 33332-1230**Current Mailing Address:**4901 S.W. 193RD LANE  
SOUTHWEST RANCHES, FL 33332-1230 US**FEI Number:** 65-1122136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OLAIGBE, OLA  
18441 N.W. 2ND AVENUE  
SUITE 220  
MIAMI, FL 33169 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**Officer/Director Detail :**

Title	PD
Name	ALADE, MOSES
Address	4901 S.W. 193RD LANE
City-State-Zip:	SOUTHWEST RANCHES FL 33332-1230

Title	TD
Name	ALADE, JOSEPHINE
Address	4901 SW 193RD LN
City-State-Zip:	SOUTHWEST RANCHES FL 33332

Title	SD
Name	AMOLE, BABATUNDE
Address	17938 SW 36TH
City-State-Zip:	MIRAMAR FL 33029

Title	VD
Name	AMOLE, FOLASHADE
Address	17938, SW 36TH STREET
City-State-Zip:	MIRAMAR FL 33029

Title	SD
Name	ADEKOLA, JULIUS
Address	1280 NW 43RD TERR # 209
City-State-Zip:	LAUDERHILL FL 33313

Title	CR
Name	AKANBI, YEMI
Address	7221 GRANDVIEW BLVD.
City-State-Zip:	MIRAMAR FL 33023

*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:** MOSES ALADE

PD

04/21/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date