

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007195

Entity Name: NIGERIAN-AMERICAN FOUNDATION, INC.

FILED
Feb 18, 2014
Secretary of State
CC7495285862

Current Principal Place of Business:

17220 NW 20 AVENUE
MIAMI GARDENS, FL 33056

Current Mailing Address:

P.O. BOX 694313
MIAMI, FL 33269

FEI Number: 65-1145145

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AKINBIYI, SUNDAY O
18542 NW 23 COURT
MIAMI GARDENS, FL 33056 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 PRES
Name IGHODARO, ERHABOR
Address 17220 NW 20 AVENUE
City-State-Zip: MIAMI GARDENS FL 33056

Title VP
Name SUNDAY, AKINBIYI
Address 18542 NW 23 COURT
City-State-Zip: MIAMI GARDENS FL 33056

Title SEC
Name SULEMAN, DANLADI
Address P.O.BOX 694313
City-State-Zip: MIAMI GARDENS FL 33269

Title TRES
Name IBRAHIM, LATEEF
Address P.O. BOX 694313
City-State-Zip: MIAMI GARDENS FL 33269

Title PRO
Name OFOLETA, CHINWE
Address P.O. BOX 694313
City-State-Zip: MIAMI GARDENS FL 33269

Title WHP
Name KEVIN, OKOLIE-KING PHD
Address P.O. BOX 694313
City-State-Zip: MIAMI GARDENS FL 33269

Title ASSISTANT SECRETARY GENERAL
Name ESSIET, NSE
Address P.O.BOX 694313
City-State-Zip: MIAMI GARDENS FL 33269

Title FINANCIAL SECRETARY
Name IKPE, IBANGA PHD
Address P.O.BOX 694313
City-State-Zip: MIAMI GARDENS FL 33269

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: SUNDAY O. AKINBIYI

V.P.

02/18/2014

Electronic Signature of Signing Officer/Director Detail

Date