

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007195

**FILED**  
**Apr 19, 2016**  
**Secretary of State**  
**CC2897823677**

**Entity Name:** NIGERIAN-AMERICAN FOUNDATION, INC.

**Current Principal Place of Business:**

19821 NW 2ND AVE  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

P.O. BOX 401  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 65-1145145

**Certificate of Status Desired:** Yes

**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            PRESIDENT  
Name            OLUYINKA, TELLA DR.  
Address        17913 NW 7 STREET, SUITE 104  
City-State-Zip: PEMBROKE PINES FL 33029

Title            VP  
Name            PATRICK, OJO DR.  
Address        12761 SW 45TH DRIVE  
City-State-Zip: MIRAMAR FL 33027

Title            SECRETARY  
Name            IKPE, IBANGA DR.  
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            PUBLIC RELATIONS OFFICER  
Name            URUEJOMA-WATKINS, CHARLOTTE  
Address        P.O. BOX 694313  
City-State-Zip: MIAMI GARDENS FL 33269

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

Title            FINANCIAL SECRETARY  
Name            IKE, FELIX  
Address        720 NW 179TH STREET  
City-State-Zip: MIAMI GARDENS FL 33169

*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:** OLUYINKA TELLA

**PRESIDENT**

**04/19/2016**

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

\_\_\_\_\_  
Date