#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007195

Entity Name: NIGERIAN-AMERICAN FOUNDATION, INC.

FILED
Apr 02, 2015
Secretary of State
CC1473171066

# **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 PRESIDENT Title VP

NameOLUYINKA, TELLA DR.NamePATRICK, OJO DR.Address17913 NW 7 STREET, SUITE 104Address12761 SW 45TH DRIVECity-State-Zip:PEMBROKE PINES FL 33029City-State-Zip:MIRAMAR FL 33027

Title SECRETARY Title TRES

Name IKPE, IBANGA DR. Name IBRAHIM, LATEEF

Address P.O.BOX 694313 Address P.O. BOX 694313

City-State-Zip: MIAMI GARDENS FL 33269 City-State-Zip: MIAMI GARDENS FL 33269

Title PUBLIC RELATIONS OFFICER Title WHP

Name URUEJOMA-WATKINS, CHARLOTTE Name KEVIN, OKOLIE-KING
Address P.O. BOX 694313 Address P.O. BOX 694313

City-State-Zip: MIAMI GARDENS FL 33269 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: OLUYINKA TELLA PRESIDENT

Electronic Signature of Signing Officer/Director Detail

04/02/2015

Date