

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007195

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

**Current Principal Place of Business:**

19821 NW 2ND AVE., #401  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

19821 NW 2ND AVE., #401  
MIAMI GARDENS, FL 33169 US

**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  
Name            NTEKIM, KATHERINE DR.  
Address        19461 NW 7TH ST  
City-State-Zip: PEMBROKE PINES FL 33029

Title            VP  
Name            SALAWU, ROTIMI DR.  
Address        3833 SW 170 AVE  
City-State-Zip: MIRAMAR FL 33027

Title            SECRETARY  
Name            NWABIUEZE, UGO DR.  
Address        137 N. KETCH DRIVE  
City-State-Zip: SUNRISE FL 33326

Title            TRES  
Name            MAYUNGBE, ALBERT  
Address        2967 SW 161 AVE  
City-State-Zip: MIRAMAR FL 33027

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            LATEEF, IBRAHIM  
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:** KATHERINE NTEKIM

**PRESIDENT**

**05/05/2020**

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

\_\_\_\_\_  
Date