2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007195

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: 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:

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Electronic Signature of Registered Agent | Date

Officer/Director Detail :

Title	PRESIDENT		Title	VP
Name	OLUYINKA, TELLA DR.		Name	PATRICK, OJO DR.
Address	17913 NW 7 STREET, SUITE 104		Address	12761 SW 45TH DRIVE
City-State-Zip:	PEMBROKE PINES FL 33029		City-State-Zip:	MIRAMAR FL 33027
Title	SECRETARY		Title	TRES
Name	IKPE, IBANGA DR.		Name	FELIX, IKE
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
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: OLUYINKA TELLA   PRESIDENT   01/05/2017

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Electronic Signature of Signing Officer/Director Detail | Date