

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009284

**FILED**  
**Apr 16, 2013**  
**Secretary of State**  
**CC0045340606**

**Entity Name:** EGBA DESCENDANTS OF FLORIDA, INC.

**Current Principal Place of Business:**

1121 NW 143 AVENUE  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

1121 NW 143 AVENUE  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 65-1291187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHOTANDE, MUZZAMIL AREMU  
1121 NW 143 AVENUE  
PEMBROKE PINES, FL 33028 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 P  
Name BAMISHIGBIN, OLAWUNMI  
Address PO BOX 551729  
City-State-Zip: CAROL CITY FL 33055

Title VP  
Name AKINNIBI, OLAWALE  
Address PO BOX 551729  
City-State-Zip: CAROL CITY FL 33055

Title S  
Name SHOTANDE, MUZZAMIL AREMU  
Address PO BOX 551729  
City-State-Zip: CAROL CITY FL 33055

Title PRO  
Name OGUMEFUN, FELICIA  
Address PO BOX 551729  
City-State-Zip: CAROL CITY FL 33055

Title T  
Name AKINBOLA, MULIKAT ABIOLA  
Address PO BOX 551729  
City-State-Zip: CAROL CITY FL 33055

Title FS  
Name ADELEKE, OLUFOLAKE  
Address PO BOX 551729  
City-State-Zip: CAROL CITY FL 33055

*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:** MUZZAMIL AREMU SHOTANDE

**SECRETARY**

**04/16/2013**

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

\_\_\_\_\_  
Date