

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005438

Entity Name: EDUCATION OPPORTUNITIES FOR NIGERIA, INC.**Current Principal Place of Business:**3712 N.W. 84TH DRIVE
GAINESVILLE, FL 32606**Current Mailing Address:**3712 N.W. 84TH DRIVE
GAINESVILLE, FL 32606**FEI Number: 59-3211603****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MCGARRY, LYNNE T
7810 SW 86TH WAY
GAINESVILLE, FL 32608 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:** LYNNE MCGARRY

02/16/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name FALADE, CHRISTOPHER O.
Address 3712 NW 84TH DR
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name FALADE, CHRISTIANAH
Address 3712 N.W. 84TH DRIVE
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name SADIKU, MATTHEW
Address 18118 HARBOUR BRIDGE POINT
 DRIVE
City-State-Zip: CYPRESS TX 77429

Title DIRECTOR
Name AJANI, TIMOTHY
Address 6744 BATTLE RD
City-State-Zip: FAYETTEVILLE NC 28314

Title DIRECTOR
Name KENT, GAY M
Address 10550 NE 67TH LN
City-State-Zip: BRONSON FL 32621

Title DIRECTOR
Name EFUWAPE, JOSHUA
Address 1113 COLUMBIA AVENUE
City-State-Zip: LANSDALE PA 19446

Title DIRECTOR
Name OLIVER, JAMES
Address 229 NW 123RD STREET
City-State-Zip: NEWBERRY FL 32669

Title TREASURER
Name MCGARRY, LYNNE T
Address 7810 SW 86TH WAY
City-State-Zip: GAINESVILLE FL 32608

Continues on page 2

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: CHRISTOPHER O. FALADE

PRESIDENT

02/16/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	PUBLIC RELATION OFFICER
Name	KALIS, KENNETH J
Address	3939 NW 62ND LANE
City-State-Zip:	GAINESVILLE FL 32653