NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State
07-01-2002 90311 005 ****61.25

DOCUMENT # N92000000088

1. Entity Name CELESTIAL CHURCH OF CHRIST, UNITED STATES' DIOCESE OF THE AMERICAS AND WORLDWIDE CCC CENTRAL CONTROL & REGULATORY MISSION, INC.

DO NOT WRITE IN THIS SPACE

B0126146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9652 HOOD ROAD		9652 HOOD ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JACKSONVILLE		City & State: JACKSONVILLE	
Zip: 32257-1141	Country: DUVAL	Zip: 32257-1141	Country: DUVAL

4. FEI Number: 59-3150241 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GODWIN BOLANLE SHONEKAN

Street Address (P.O. Box Number is Not Acceptable): 9652 HOOD ROAD

City: JACKSONVILLE, FL Zip Code: 32257-1141

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman / Treasurer - Director GODWIN BOLANLE SHONEKAN 9652 Hood Road, Jacksonville, Florida 32257-1141	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director OLAYINKA AFOLABI ADEFESO 9652 Hood Road, Jacksonville, Florida 32257-1141	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary - Director OLUREMI OLUSOGA OGUNLESI 9652 Hood Road, Jacksonville, Florida 32257-1141	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director SAMSON OLATUNDE BANJO 9652 Hood Road, Jacksonville, Florida 32257-1141	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director SOLOMON OSOBUKUNOLA SOGBETUN 9652 Hood Road, Jacksonville, Florida 32257-1141	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ GODWIN BOLANLE SHONEKAN JUNE 17th, 2002 904-614-3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #