

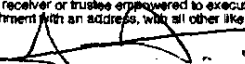
\$61.25

FILED

03 MAY -2 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N92000000088			
1. Entity Name CELESTIAL CHURCH OF CHRIST, UNITED STATES' DIOCESE OF THE AMERICAS AND WORLDWIDE CCC CENTRAL CON			
Principal Place of Business 9652 HOOD ROAD JACKSONVILLE, FL 32257-114		Mailing Address 9652 HOOD ROAD JACKSONVILLE, FL 32257-114	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3150241		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHONEKAN, GODWIN B 9652 HOOD ROAD JACKSONVILLE, FL 32257-114		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent's signature required when registering.) DATE _____			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CTD SHONEKAN, GODWIN B 9652 HOOD RD JACKSONVILLE, FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SOGBETUN, SOLOMON O 9652 HOOD ROAD JACKSONVILLE, FL 32257 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ADEFESO, OLAYINKA A 9652 HOOD ROAD JACKSONVILLE, FL 32257114 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD OGUNLESI, OLUREMI O 9652 HOOD ROAD JACKSONVILLE, FL 32257114 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SANJO, SAMSON O 9652 HOOD ROAD JACKSONVILLE, FL 32257114 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Rev. GODWIN B. SHONEKAN 04/29/03 (604) 614-3640	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



☐ CHECK HERE IF MAKING CHANGES

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CREDIT 11.25