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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004229

1. Corporation Name

CHRIST APOSTOLIC CHURCH, MOUNTAIN OF MIRACLES, I  
NC.

Principal Place of Business

27873 S DIXIE HWY  
UNIT 208  
NARANJA FL 33032  
US

Mailing Address

P.O. BOX 924172  
HOMESTEAD FL 33092



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/10/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0707519

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLAWALE, JOSEPH PASTOR  
13860 SW 268TH STREET  
UNIT 208  
NARANJA FL 33032

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME SHASANMI, A O PASTOR  
STREET ADDRESS 3191 NW 133 ST  
CITY-ST-ZIP OPA LOCKA FL 33054

1.1 TITLE D  Change  Addition  
1.2 NAME ADEYEMI S. A PASTOR  
1.3 STREET ADDRESS 13810 SW 268th STREET #205  
1.4 CITY-ST-ZIP HOMESTEAD FLORIDA 33032

TITLE D  DELETE  
NAME OWOEYE, J.O. PASTOR  
STREET ADDRESS 2916 E 91 ST  
CITY-ST-ZIP CHICAGO IL 60617

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME AJAGBE, AUGUSTINE O MR.  
STREET ADDRESS 9505 SW 136 ST  
CITY-ST-ZIP MIAMI FL 33176

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/5/99

(305) 258-8148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)