

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90143 034 ****70.00

DOCUMENT # N96000004229

1. Entity Name

CHRIST APOSTOLIC CHURCH, MOUNTAIN OF MIRACLES, I

Principal Place of Business

Mailing Address

27873 S DIXIE HWY
 UNIT 208
 NARANJA FL 33032
 US

P.O. BOX 924172
 HOMESTEAD FL 33092-4172

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

65-0707519

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **OLAWALE, JOSEPH PASTOR**

Street Address (P.O. Box Number is Not Acceptable)
9530 W-DAFFODIL LANE

City **MIRAMAR** FL Zip Code **33025**

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 *Joseph Olawale* **OLAWALE, JOSEPH PASTOR** **4-23-2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHASANMI, A O PASTOR	
STREET ADDRESS	3191 NW 133 ST	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	OWOEYE, J.O. PASTOR	
STREET ADDRESS	2916 E 91 ST	
CITY-ST-ZIP	CHICAGO IL 60617	
TITLE	D	<input type="checkbox"/> Delete
NAME	AJAGBE, AUGUSTINE O MR.	
STREET ADDRESS	9505 SW 136 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADEYEMI, S. A. PASTOR	
STREET ADDRESS	13810 SW 268TH ST #205	
CITY-ST-ZIP	HOMESTEAD FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR / PASTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLAWALE, JOSEPH PASTOR	
STREET ADDRESS	9530 W-DAFFODIL LANE	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	DIRECTOR / PASTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DADA GABRIELS. PASTOR	
STREET ADDRESS	17255 SW-95 AVENUE APT. 117 I	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Joseph Olawale* **OLAWALE, JOSEPH PASTOR** **4-23-2000** **954-443-3201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)