

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

05-14-2001 90069 003 ****70.00

DOCUMENT # -N00000001552

1. Entity Name

CHRIST APOSTOLIC CHURCH OF HOLLYWOOD INC.



Principal Place of Business

Mailing Address

3951 SW 141 AVE.
 MIRAMAR FL 33027

3951 SW 141 AVE.
 MIRAMAR FL 33027

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

593621729

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

ADEIFE, GABRIEL
3951 SW 141 AVE.
MIRAMAR FL 33027

ADEBOLA

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:

SIGNATURE

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** Delete
 NAME **ADEIFE, CAROLINE**
 STREET ADDRESS **3951 SW 141 AVE.**
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE **D** Change Addition
 NAME **PASTOR GABRIEL ADEIFE**
 STREET ADDRESS **3951 S.W. 141 AVE**
 CITY-ST-ZIP **MIRAMAR FLA 33027**

TITLE **D** Delete
 NAME ~~**SAMUEL OYELOLA**~~
 STREET ADDRESS ~~**3951 SW 141 AVE.**~~
 CITY-ST-ZIP ~~**MIRAMAR FL 33027**~~

TITLE ~~**SECRETARY**~~ Change Addition
 NAME ~~**GABRIEL ADEIFE**~~
 STREET ADDRESS ~~**3951 SW 141 AVE**~~
 CITY-ST-ZIP ~~**MIRAMAR FLA 33027**~~

TITLE **D** Delete
 NAME ~~**OGUNYEMI-TOLUPOPE**~~
 STREET ADDRESS ~~**3951 SW 141 AVE.**~~
 CITY-ST-ZIP ~~**MIRAMAR FL 33027**~~

TITLE **D** Change Addition
 NAME **SECRETARY LAWRENCE GNORAKHARE**
 STREET ADDRESS **16359 N.W. 57th Ave**
 CITY-ST-ZIP **MIRAMAR-LAKES, FLA 33014**

TITLE Delete
 NAME **GABRIEL ADEIFE**
 STREET ADDRESS **3951 S.W. 141 AVE**
 CITY-ST-ZIP **MIRAMAR, FLA 33027**

TITLE **D** Change Addition
 NAME **BASIL USIABUKU**
 STREET ADDRESS **14930 S SPUR DR**
 CITY-ST-ZIP **NORTH MIAMI, FLA 33161**

TITLE Delete
 NAME Delete
 STREET ADDRESS Delete
 CITY-ST-ZIP Delete

TITLE **D** Change Addition
 NAME **CHARLES OBASUYI**
 STREET ADDRESS **14699 N.E. 6th AVE**
 CITY-ST-ZIP **APT #209, Miami, FL 33161**

TITLE Delete
 NAME Delete
 STREET ADDRESS Delete
 CITY-ST-ZIP Delete

TITLE ~~**SECRETARY**~~ Change Addition
 NAME ~~**GABRIEL ADEIFE**~~
 STREET ADDRESS ~~**3951 SW 141 AVE**~~
 CITY-ST-ZIP ~~**MIRAMAR FLA 33027**~~

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: *GABRIEL ADEIFE* **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/01 **305-628-5700**

Date

Daytime Phone #

CR2E037 (10/00)