## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 25, 2001 8:00 am **Secrétary of State** DOCUMENT # - NO000001552 05-14-2001 90069 003 \*\*\*\*70.00 CHRIST APOSTOLIC CHURCH OF HOLLYWOOD INC. Principal Place of Business Mailing Address 3851 SW 141 AVE. 3951 SW 141 AVE. MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required ... --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADEIFE, GABRIEL ADEBOLA Street Address (P.O. Box Number is Not Acceptable) 3951 SW 141 AVE. MIRAMAR FL 33027 City 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 Floridal SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change \*Addition CR2E037 (10/00 ☐ Delete TITLE ASTOR TITLE ADEIFE, CAROLINE NAME NAME HOGICE GABRICE STREET ADDRESS STREET ADDRESS 3951 SW 141 AVE. CITY+ST-ZIP CITY-ST-ZIP MIRAMAR FL 33027 ☐ Change ■ Addition TITLE TITLE Delete SAMUEL OYELOLA NAME NAMÉ 3051 SW 141 AVE. STREET ADDRESS STREET ADDRESS MIRAMAR FL 33027 CITY:ST:ZIP CITY-ST-ZIP TITLE SECRETARY Addition TITLE Delete OGUNYEMI, TOLULOPE NAME NAME -GNOBAKHARE AWKENCE STREET ADDRESS STREET ADDRESS 3951 SW 141 AVE. CITY-ST-ZIP 7*76*/1 CITY-ST-7IP MIRAMAR FL 33027 TITLE Change Addition TITLE Delete GABRIEE ADET ASU NAME NAME 14980 5 SPUR DA 3951.5.W. STREET ADDRESS STREET ADDRESS NORTH MIANIL, FLA 33161 CITY-ST-ZIP CITY-ST-Z ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Michael 1 3(6) CITY-ST-ZIP CITY-ST-71P ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empow

z required

SIGNATURE:

FILED