

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


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FILED
Apr 11, 2003 8:00 am
Secretary of State

03-12-2003 90112 016 ****61.25

DOCUMENT # N00000001552

1. Entity Name
CHRIST APOSTOLIC CHURCH OF HOLLYWOOD INC.



Principal Place of Business
**16359 NW 57TH AVE
MIAMI-LAKES FL 33014**

Mailing Address
**16359 NW 57TH AVE
MIAMI-LAKES FL 33014**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3621729**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADEIFE, GABRIEL
3951 SW 141 AVE.
MIRAMAR FL 33027**

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 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ADEIFE, CAROLINE	
STREET ADDRESS	3951 SW 141 AVE.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADEIFE, GABRIGE	
STREET ADDRESS	3951 S.W. 141 AVE.	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ENOB AKHARE, LAWRENCE	
STREET ADDRESS	16359 N.W. 57TH AVE.	
CITY-ST-ZIP	MIRAMAR LF	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	USIABULU, BASIL	
STREET ADDRESS	14930 S SPUR DRIVE	
CITY-ST-ZIP	NORHT MIAMI FL 33161	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OBASUYI, CHARLES	
STREET ADDRESS	14699 NE 6TH AVE #239	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENOB AKHARE, LAWRENCE	
STREET ADDRESS	1324 SW 173 WAY	
CITY-ST-ZIP	PENNSBORO PINES, FLA 33029	
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: G. Adorvibe **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (10/02)