


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

80116733

DOCUMENT # N0200002170					
1. Entity Name ORUNMILA YOUNGSTERS INTERNATIONAL INCORPORATED-FLORIDA BRANCH					
Principal Place of Business 4393C WOODSTOCK DRIVE WEST PALM BEACH, FL 33409			Mailing Address PO BOX 15882 WEST PALM BEACH, FL 33416		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FBI Number 15-3063544	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CAIRNES, CHARLES W 1973 PGA BLVD PALM BEACH GARDENS, FL			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>State or typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when instituting)</small>					
FILE NOW: FEES \$51.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		55.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLAAYWE, FUNSO		NAME	Lorene K. Carter	
STREET ADDRESS	8, OSHIFUYE STREET, MUSHIN, LAGOS		STREET ADDRESS	237 W. 15th Street	
CITY-ST-ZIP	NIGERIA,		CITY-ST-ZIP	Riviera Beach, FL 33404	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AWORENI, ADIAS CLAIFA M		NAME	Priscilla Kendrick	
STREET ADDRESS	IFA TEMPLE-ARABA'S PALACE, IBE-JIFE		STREET ADDRESS	8346 E. Emmett Avenue	
CITY-ST-ZIP	OSUN STATE, NIGERIA,		CITY-ST-ZIP	Oranctey, AL 36609	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSABUOHEN, CHRISTOPHER		NAME		
STREET ADDRESS	16, NOGHEGHASE STREET, OFF OKA ROAD		STREET ADDRESS		
CITY-ST-ZIP	BENIN CITY, EDO NIGERIA,		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DASOLA, ADEFABI		NAME		
STREET ADDRESS	8, OSHIFUYE STREET MUSHIN, LAGOS		STREET ADDRESS		
CITY-ST-ZIP	NIGERIA,		CITY-ST-ZIP		
TITLE	CDV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, CYNTHIA K		NAME		
STREET ADDRESS	4393C WOODSTOCK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADJIGBOTIFA, BALOGUN		NAME		
STREET ADDRESS	CARREN 640 QTER, FOUN-FOUN TOKPA		STREET ADDRESS		
CITY-ST-ZIP	PORTO-NOVO, BENIN REPUBLIC,		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)(d), 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 817, 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: <i>Cynthia K. Walker, Chairman</i> Date: <i>April 30, 2003</i> 561/686-5992					

CRP0307 (10/02)