

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N03000003461

Entity Name: CELESTIAL CHURCH OF CHRIST WORLDWIDE, INC.

Current Principal Place of Business:

9652 HOOD ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9652 HOOD ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-3150241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHONEKAN, GODWIN B REV.
9652 HOOD ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CTD () Delete
Name: SHONEKAN, GODWIN B
Address: 9652 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: SOGBETUN, SOLOMON O SUP./EV
Address: 9652 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: ZAGADOU, LOIUS A SUP./EV
Address: 9652 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: AWORODEMA, PATRICE SUP./EV
Address: 9652 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: COKER, FEMI SUP./EV
Address: 9652 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: DARAMOLA, F SUP./EV
Address: 9652 HOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GODWIN B. SHONEKAN

CTD

04/25/2007

Electronic Signature of Signing Officer or Director

_____ Date