

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003461

FILED  
Apr 30, 2008  
Secretary of State

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  
Name:  
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

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CTD

04/30/2008

\_\_\_\_\_ Date