## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006457

FILED Apr 30, 2004 Secretary of State

Entity Name: CELESTIAL CHURCH OF CHRIST IBUKUN ORISUN IYE PARISH, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	/NSEND BLVI IVILLE, FL 32:				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
3501 TOWNSEND BLVD. JACKSONVILLE, FL 32277			2501	2121 BURWICK AVENUE 2501 ORANGE PARK, FL 32073 US	
FEI Number:	: 74-3100194	FEI Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
3501 TOW	BE, SOLOMO /NSEND BLV[  VILLE, FL 32:	D.			
	named entity e of Florida.	submits this statement for the purp	ose of changing its register	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title:	OLARIBIGBE, 2121 BURWIC ORANGE PAR	:K AVE #2501 K, FL 32073 ) Delete	Title: Name: Address: City-St-Zip: Title:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Name: Address: City-St-Zip:	OLARIBIGBE, 2121 BURWIC ORANGE PAR	CK AVE #2501	Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	SD ( ODUWOLE, G 1222 WESTDA JACKSONVILL	ALE DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD ( SHONIYI, ADE 3501 TOWNSE JACKSONVILL	END BLVD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ODEDIRAN, D	10NT ST., #49W	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( SHOFOLU, RC 3219 RED OAI JACKSONVILL	K DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: OLARIBIGBE, SOLOMON BOLAJI PD 04/30/2004

SHONIYI, ADEREMI DIRECTOR OF EVANGELISM 3501 TOWNSEND BLVD APT.272 JACKSONVILLE, FL 32277