

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006457

FILED  
Jan 13, 2006  
Secretary of State

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

**Current Principal Place of Business:**

3501 TOWNSEND BLVD.  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

5621 COMMERCE ROAD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

5733 LAKE LUCINA DRIVE  
NORTH  
JACKSONVILLE, FL 32211 US

**New Mailing Address:**

5621 COMMERCE ROAD  
JACKSONVILLE, FL 32211 US

**FEI Number:** 74-3100194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLARIBIGBE, SOLOMON B  
5733 LAKE LUCINA DRIVE  
NORTH  
JACKSONVILLE, FL 32211 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: PD ( ) Delete  
Name: OLARIBIGBE, SOLOMON B  
Address: 5733 LAKE LUCINA DRIVE, NORTH  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete  
Name: OLARIBIGBE, CHRISTINA A  
Address: 5733 LAKE LUCINA DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD ( ) Delete  
Name: ODUWOLE, GBOLADE  
Address: 1222 WESTDALE DR.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD ( ) Delete  
Name: SHONIYI, ADEBUKONLA A  
Address: 3501 TOWNSEND BLVD.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: DE ( ) Delete  
Name: ODEDIRAN, DAVID  
Address: 2930 STONEMONT ST., #49W  
City-St-Zip: JACKSONVILLE, FL 32007

Title: D ( ) Delete  
Name: SHONIYI, ADEREMI  
Address: 3501 TOWNSEND BLVD.#272  
City-St-Zip: JACKSONVILLE, FL 32277

**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 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: SOLOMON B. OLARIBIGBE

PD

01/13/2006

Electronic Signature of Signing Officer or Director

Date