

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006457

FILED
Apr 13, 2007
Secretary of State

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

Current Principal Place of Business:

5621 COMMERCE ROAD
JACKSONVILLE, FL 32211

New Principal Place of Business:

5621 COMMERCE STREET
JACKSONVILLE, FL 32211

Current Mailing Address:

5621 COMMERCE ROAD
JACKSONVILLE, FL 32211 US

New Mailing Address:

5621 COMMERCE STREET
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:

OLARIBIGBE, SOLOMON B
5621 COMMAERCE STREET
JACKSONVILLE, FL 32211 US

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: S.B. OLARIBIGBE

04/13/2007

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: PD (X) Change () Addition
Name: OLARIBIGBE, SOLOMON B
Address: 5621 COMMAERCE ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Change () Addition
Name: OLARIBIGBE, CHRISTINA A
Address: 5621 COMMERCE ST
City-St-Zip: JACKSONVILLE, FL 32211

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: S.B. OLARIBIGBE

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date