

FILED
Jun 14, 2004 8:00 am
Secretary of State

04-29-2004 90322 039 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|---|-------------------------|--|--|--|-----------------------------------|
| DOCUMENT # N03000008656 | | | | | |
| 1. Entity Name HOLY GHOST EVANGELICAL CHURCH OF GOD, LIFE IN THE BLOOD MINISTRIES INC. | | | | | |
| Principal Place of Business 10686 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 | | | Mailing Address 10686 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KUKU, TAIWO 10686 WEST SAMPLE ROAD CORAL SPRINGS, FL 33065 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | FL |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ | | | | | |
| Filing Fee is \$81.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KUKU, TAIWO | | NAME | | |
| STREET ADDRESS | 10686 WEST SAMPLE ROAD | | STREET ADDRESS | | |
| CITY- ST- ZIP | CORAL SPRINGS, FL 33065 | | CITY- ST- ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KUKU, FOLASHADE | | NAME | | |
| STREET ADDRESS | 10686 WEST SAMPLE ROAD | | STREET ADDRESS | | |
| CITY- ST- ZIP | CORAL SPRINGS, FL 33065 | | CITY- ST- ZIP | | |
| TITLE | O | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | KUKU, OLA JIWOON | | NAME | | |
| STREET ADDRESS | 10686 WEST SAMPLE ROAD | | STREET ADDRESS | | |
| CITY- ST- ZIP | CORAL SPRINGS, FL 33065 | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(a), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other filing empowered. | | | | | |
| SIGNATURE: _____ | | TAIWO KUKU 4/22/04 | | 954 461 6270 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | DATE | | PHONE NUMBER | |

66427813



D2232004 Chg-NP CR2E037 (10/03)

4. FEI Number 16-1682474 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required