


FILE NOW: FILING FEE IS \$61.25

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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22673** (0)

1. Corporation Name

CHRIST APOSTOLIC CHURCH OF MIAMI, INC.

Principal Place of Business

Mailing Address

ATTN:PASTOR J OGUNJEMINIYI AA
3191 N.W. 133RD STREET
OPA LOCKA FL 33054
US

ATTN:PASTOR J OGUNJEMINIYI AA
3191 N.W. 133RD STREET
OPA LOCKA FL 33054
US



2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
24	29
Country	Country
25	30

3. Date Incorporated or Qualified

09/08/1987

4. FEI Number

65-0013263

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AJAGBE, AUGUSTINE O.
9505 S.W. 136TH STREET
MIAMI FL 33176**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

AJAGBE, O. AUGUSTINE

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent Signature required when reinstalling)

2/2/98

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE **CD**
NAME **OGUNJEMINIYI, PASTOR JONATHA O**
STREET ADDRESS **3191 NW 133 ST**
CITY-ST-ZIP **OPA-LOCKA FL**

☐ DELETE

TITLE **D**
NAME **AJAGBE, AUGUSTINE O.**
STREET ADDRESS **9505 S.W. 136TH STREET**
CITY-ST-ZIP **MIAMI FL**

☒ DELETE

TITLE **D**
NAME **ADEYANJU, REV. J.O.**
STREET ADDRESS **1132 E TREMOND AVE**
CITY-ST-ZIP **BRONX NY**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

TITLE **CD**
NAME **SHASANMI, PASTOR ALFRED DS/AGS**
STREET ADDRESS **3191 N.W. 133 STREET**
CITY-ST-ZIP **OPA-LOCKA, FL - 33054**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE **D**
NAME **OWOYE, JOSHUA PASTOR DGS**
STREET ADDRESS **2916 EAST 91ST STREET, SUITE #3**
CITY-ST-ZIP **CHICAGO, IL 60617**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AUGUSTINE O. AJAGBE 2/2/98 (305)254-7388

CR2037 (10/97)