NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Ketherine Harris

Secretary of State 😽 3 DIVISION OF CORPORATIONS

1999 DOCUMENT #N226

MIAMIL, FL33/68

CHRIST APOSTOLIC CHURCH, MIAMI, INC)

Principal Place of Business

Mailing Address

2601 N.W. 123RD STREET

P. O.BOX 681517 MAMI, FL 33/68

FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90005 002 ****70.00



3. Date Incorporated or Qualifed 2. Principal Place of Business 2a. Mailing Address 260 N. W. 123RD 886 Suite Apt. #, etc. 4. FEI Number Applied For Suite, Apt. #, etc. STREE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5:00 May Be 6. Election Campaign Financing 33/6/25 U S.A. 29/1/ Trust Fund Contribution Added to Fees 16. Name and Address of New Registered Agent == 9. Name and Address of Current Registered Agent

AUGUSTINE O. AJAGBE 82 Street Address (P.O. Box Number is Not Acceptable) 9505 S.W. 1365TEREN MIAMI, FL33/76 Zip Code 84 City 85

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 bold, 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 a cept the obligations of Section 617.0503, Florida Statutes. 8/11/00

SIGNATURE	TREASUR / HUGUS		3. AJAGISE 9/0/77	<u> </u>
Signature, typed or printer state of registered styped and use if applicable. (NOTE: Registered Agent signature required when reinstature) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND DIRECTORS	13.		
TITLE	DELETE	1.1 TITLE	DIRECTOR	is (Tolonio)
NAME	PASTOR T. D. OKNEYE	1.2 NAME	PASTOR JOSEPH OLAWALE	
STREET ADDRESS	PASTOR J. D. OKNEYE 9505 3.W. 136 STREET	1.3 STREET ADDRESS	9530 W. DAFFODIL LANG	ŀ
CITY-ST-ZIP	MIAMI 1 = 1 33176	1.4 CITY- ST-ZIP	MIRAMAR, FL 33025	
TITLE	DELETE	2.1 TITLE	DIRECTOR	ge Addition
NAME	AUGUSTINE O. AJAGBE 9505 S.W. 1365TREET	2.2 NAME	OLUWOLE ALLE	
STREET ADDRESS	AUGUSTINE 1365 TREET	2.3 STREET ADDRESS	19170 NW 88C+	ĺ
CITY-ST-ZIP	MAN FC 33176	2.4 CITY-ST-ZIP	MIAMI, FL 33018	
TITLE	DELETE	3.1 TITLE	☐ Chan	ge Addition
-NAME	- DASTINE A/FRED-SHASNIMI	12 NAME		
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.3 STREET ADDRESS		
CITY-ST-ZIP		34. CITY-ST-ZIP		
TITLE	☐ DELETE	41 DTLE	☐ Chan	ge □ Addition
		1,2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		İ
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
uu/e	☐ DELETE	51 TITLE	☐ Chan	ge . ☐ Addition (
NAME		52 NAME	•	- 1
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 of the receiver or frustee 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, over an attachment with an address, with all other like empowered.

8.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

☐ Addition