2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006
Secretary of State

DOCUMENT# N22673

Entity Name: CHRIST APOSTOLIC CHURCH OF MIAMI, INC.

Current Principal Place of Business:

2601 NW 123RD ST
MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 681517
MIAMI, FL 33168 US

New Mailing Address:

FEI Number: 65-0442968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AJAGBE, AUGUSTINE O.
9505 S.W. 136TH STREET
MIAMI, FL 33176 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: D ( ) Delete
Name: AJAGBE, AUGUSTINE O.,
Address: 9505 S.W. 136TH STREET
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: OWOEYE, PASTOR J O
Address: 9505 SW 136 ST
City-St-Zip: MIAMI, FL 33176

Title: DP ( ) Delete
Name: OLAWALE, JOSEPH P
Address: 535 NW 198 STREET
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: ALLE, OLUWOLE
Address: 19170 NW 88 CT
City-St-Zip: MIAMI, FL 33018

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:

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: JOSEPH OLAWALE DP 05/24/2006

Electronic Signature of Signing Officer or Director — Date