FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N47611 (1)

1. Corporation Name
CHRIST APOSTOLIC CHURCH (MIRACLE CENTER) INC. HO LLYWOOD FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1220 S DIXIE HWY HOLLYWOOD FL 33020	2609 TAFT ST HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 03/02/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0320195 ☐ Applied For ☑ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

ADELEKAN, ADEMOLA
2609 TAFT STREET
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	OLAJUYIGBE, FEMI	12 NAME	
STREET ADDRESS	6711 JOHNSON ST	13 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	14 CITY-ST-ZIP	
TITLE	GS	21 TITLE	☐ Change ☐ Addition
NAME	ADEIFE, ADEBOLA	22 NAME	
STREET ADDRESS	9530 WAFODIC LN	23 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	FALODUN, ISSAC	32 NAME	
STREET ADDRESS	1220 S DIXIE HWY	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	ADELEKAN, ADEMOLA	42 NAME	
STREET ADDRESS	2609 TAFT ST	43 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ ADEMOLA ADELEKAN Feb 2, 1995 305-921-8849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #