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Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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



DOCUMENT # N47611

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

Principal Place of Business
116 SOUTH 61ST TERRACE
HOLLYWOOD, FL 33023

Mailing Address
9530 WEST DAFFODIL LANE
MIRAMAR FL 33025

800002224448
-06/27/97--01005--001
***70.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc. N/A		26 Suite, Apt. #, etc. N/A		03/02/92		5-16-97	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		65-0320195		<input checked="" type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
				<input checked="" type="checkbox"/>			
				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				<input type="checkbox"/>			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name DR. REV. EVANGELIST CHRISTIANA TOLUWASE			
				82 Street Address (P.O. Box Number is Not Acceptable) 9530 WEST DAFFODIL LANE			
				83			
				84 City MIRAMAR FL 85 Zip Code 33025			

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 CSK... REV. DR. EVANGELIST CHRISTIANA TOLUWASE 6/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE S <input checked="" type="checkbox"/> DELETE				1.1 TITLE C/D-FOUNDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME ADAMI WILLIAMS R				1.2 NAME REV. DR. EVANGELIST CHRISTIANA TOLUWASE			
STREET ADDRESS 1810 NW 119 ST MIAMI				1.3 STREET ADDRESS 9530 DAFFODIL LANE			
CITY-ST-ZIP FL.				1.4 CITY-ST-ZIP MIRAMAR FL 33025			
TITLE P/D <input checked="" type="checkbox"/> DELETE				2.1 TITLE T/D-DGS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME P/D FALODUN ISAAK				2.2 NAME REV. JOSHUA O. OWOYE			
STREET ADDRESS 1220 S. DIXIE HIGHWAY				2.3 STREET ADDRESS 8157 S. EXCHANGE DR CHICAGO			
CITY-ST-ZIP HOLLYWOOD FL.				2.4 CITY-ST-ZIP ILLINOIS 60617			
TITLE TOLUWASE <input checked="" type="checkbox"/> DELETE				3.1 TITLE T/D - AGS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME TOLUWASE OLUMUYIWA				3.2 NAME REV. A.O. SHANMI			
STREET ADDRESS 418 SOUTH RAINBOW DRIVE				3.3 STREET ADDRESS 3191 NW 133RD STREET			
CITY-ST-ZIP HOLLYWOOD				3.4 CITY-ST-ZIP OPALOCKA FL 33054			
TITLE O <input checked="" type="checkbox"/> DELETE				4.1 TITLE S/D - ASSOCIATE MINISTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME ADELEKAN ADEMOLA, 2609				4.2 NAME DR. JOHNSON REMI OWOYEYE			
STREET ADDRESS TAFT ST, HOLLYWOOD				4.3 STREET ADDRESS 7773 FAIRWAY BLVD MIRAMAR FL 33023			
CITY-ST-ZIP FL.				4.4 CITY-ST-ZIP			
TITLE S/D <input checked="" type="checkbox"/> DELETE				5.1 TITLE T/D PATIENCE ESHESIMUA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME ADELEKAN ADEMOLA, 2609				5.2 NAME 17906 N.W. 68TH AVENUE			
STREET ADDRESS TAFT, ST. HOLLYWOOD				5.3 STREET ADDRESS HIALEAH FL 33015			
CITY-ST-ZIP FL.				5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE O - FS <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME OJO ENOLA ADEGBANI			
STREET ADDRESS				6.3 STREET ADDRESS 18805 N.W. 42ND PLACE			
CITY-ST-ZIP				6.4 CITY-ST-ZIP CAROL CITY FL 33005			

14. I do 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 signature appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CSK... REV. DR. EVANGELIST CHRISTIANA TOLUWASE 6/15/97 6/26
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)