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Aug 19 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 # 1. Corporation Name  
N 47611  
Christ Apostolic Church (Miracle Center) Inc  
Florida

Principal Place of Business Mailing Address  
116 S 61<sup>st</sup> Terrace Hollywood FL 33023  
9530 West Daffodil Lane Miramar FL 33025

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 2609 Taft St  
22 City & State 27 Hollywood FL  
23 Zip Country 28 33020 U.S.A

3. Date Incorporated or Qualified 3a. Date of Last Report  
March 2, 1992 May 16, 1997  
4. FEI Number Applied For  
65-0320195 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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
\* Dr. Rev. Evangelist C. Toluwase  
9530 West Daffodil Lane  
Miramar FL 33025  
81 Name Ademola Adelekan  
82 Street Address (P.O. Box Number is Not Acceptable)  
2609 Taft St.  
83  
84 City Hollywood FL 85 Zip Code 33020

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: [Signature] DATE: 8-01-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD Pastor Isaac Falodun	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	201 S.W 68 Avenue Pembroke 33024	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	FSD Williams R. Ariyi	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1310 N.W 119 St MIAMI FL 33167	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD Ademola O. Adelekan	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2609 Taft St. Hollywood 33020	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD Oluwayiwa Olayoyejobe	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	418 South Rainbow Drive Hollywood FL 33021	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: [Signature] ADEMOLA ADELEKAN 8-01-97 (954) 922-8649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)