

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 NOV 17 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032004 Chg-NP CR2E037 (10/03)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ADELEKAN, ADEMOLA  
2609 TAFT ST.  
HOLLYWOOD, FL 33020

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing.  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to-  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALODUN, ISAAC 201 SW 68 AVENUE PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD AJAYI, WILLIAM R 1810 NW 119 ST MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADELEKAN, ADEMOLA 2609 TAFT ST. HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLAWALE, OLALEYE MR. 3440 N.W. 203 ST MIAMI, FL 33055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKAHBI, COLLINS 7221 GRANDVIEW BLVD. MIRAMAR, FL 33023	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAJIMOLU, STELLA O 9057 VINEYARD LAKE DR PLANTATION, FL 33322	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	000042841130 11/17/04--01062--002 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finical Secretary OLAWALE, OLALEYE MR. 3440 N.W. 203 ST MIAMI, FL 33055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Secretary AKINOLA, Benjamin Mr. 7281 N.W. 37th #06 Hollywood FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer AJAYI, Joshua Mr. 2030 NW 119th MIAMI, FL 33167	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director FOLOWOSHELE, Samuel Mr. 356 W. Riverbend dr. Weston, FL 33326-2220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Adelekan, Oluremi Mrs. 2609 Taft St. Hollywood FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Registered Agent) 11/8/04 954  
Associate Pastor Date (Daytime Phone #) 922 8649

6