

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000088

1. Entity Name

CELESTIAL CHURCH OF CHRIST (UNITED STATES OF AME)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90916 024 \*\*\*\*75.00

Principal Place of Business

Mailing Address

9652 HOOD ROAD  
JACKSONVILLE FL 32257-114

9652 HOOD ROAD  
JACKSONVILLE FL 32257-1141

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0382800

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHONEKAN, G. B  
9652 HOOD ROAD  
JACKSONVILLE FL 32257-114

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                           |  |
|----------------|---------------------------|--|
| TITLE          | CD                        | <input type="checkbox"/> Delete            |
| NAME           | BADA, ALEXANDER A         |  |
| STREET ADDRESS | 9652 HOOD ROAD            |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257-114 |  |
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | AJANLEKOKO, SAMUEL O      |  |
| STREET ADDRESS | 9652 HOOD ROAD            |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257-114 |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | AJOSE, PHILIP H           |  |
| STREET ADDRESS | 9652 HOOD ROAD            |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257-114 |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | ADEFESO, OLAYINKA F       |  |
| STREET ADDRESS | 9652 HOOD ROAD            |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257-114 |  |
| TITLE          | SD                        | <input type="checkbox"/> Delete            |
| NAME           | OGUNLESI, OLUREMI O       |  |
| STREET ADDRESS | 9652 HOOD ROAD            |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257-114 |  |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | BANJO, SAMSON O           |  |
| STREET ADDRESS | 9652 HOOD ROAD            |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257-114 |  |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | TD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SHONEKAN, G. BOLANLE  |  |
| STREET ADDRESS | 9652 HOOD ROAD        |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32257 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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:

*G. Bolanle Shonekan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 27, 2000 (904) 260-5156

CR2E037 (9/99)