

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000088

1. Entity Name

CELESTIAL CHURCH OF CHRIST (UNITED STATES OF AME

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90037 036 \*\*\*\*\*70.00

0013668

Principal Place of Business

9652 HOOD ROAD  
JACKSONVILLE FL 32257-114

Mailing Address

9652 HOOD ROAD  
JACKSONVILLE FL 32257-114

UUU33463

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

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

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.

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
BADA, ALEXANDER A  
9652 HOOD ROAD  
JACKSONVILLE FL 32257-114 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SHONEKAN, G. BOLANLE  
9652 HOOD RD  
JACKSONVILLE FL 32257 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CTD  
SHONEKAN, G. BOLANLE  
9652 HOOD ROAD  
JACKSONVILLE, FL 32257 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
AJOSE, PHILIP H  
9652 HOOD ROAD  
JACKSONVILLE FL 32257-114 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SOGBETUN, SOLOMON OSOBUKUNOLA  
9652 HOOD ROAD  
JACKSONVILLE, FL 32257 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ADEFESO, OLAYINKA F  
9652 HOOD ROAD  
JACKSONVILLE FL 32257-114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
OGUNLESI, OLUREMI O  
9652 HOOD ROAD  
JACKSONVILLE FL 32257-114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BANJO, SAMSON O  
9652 HOOD ROAD  
JACKSONVILLE FL 32257-114 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-05-01 (904-3640)

CR2E037 (10/00)