

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2007
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
37 SEP 18 AM 11:18

DOCUMENT # N94000003487

1. Entity Name

CELESTIAL CHURCH OF CHRIST
ST. PETER'S PARISH (ILERIAYO) INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1208 & 1210 S. DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HOLLYWOOD

City & State

FL

4. FEI Number

65-0379987

Applied For

Not Applicable

Zip

33020

Country

U.S.A

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EMMANUEL A. AYoola

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

1208 & 1210 S. DIXIE HWY

City

HOLLYWOOD

FL

Zip Code

33020

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

Emmanuel Ayoola

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

(NOTE: Registered Agent signature required when reinstating)

DATE

200709273192
09/25/07--01014--003 **75.00
09-13-07

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SHEPHERD, EXECUTIVE CHAIRMAN
EMMANUEL A. AYoola
1208 & 1210 S. DIXIE HWY "D"
HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SUNDAY AINA
1208 & 1210 S. DIXIE HWY "D"
HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
PATRICIA ANIMASHAUN "D"
1208 & 1210 S. DIXIE HWY
HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
CECIL HARRIS "D"
1208 & 1210 S. DIXIE HWY
HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
B 9/21/07

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Emmanuel Ayoola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-13-07

Date

Daytime Phone: 2

CR2E037B (12/01)