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Mar 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003167 (2)**

1. Corporation Name

INDIGENOUS FAITH OF AFRICA, INC.

Principal Place of Business	Mailing Address
166 NW 48 ST MIAMI FL 33127	166 NW 48 ST MIAMI FL 33127

3. Date Incorporated or Qualified: 06/29/1995

4. FEI Number: 65-0682675 ☐ Applied For ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALUKO, BABALAWO
166 NW 48 ST
MIAMI FL 33127

10. Name and Address of New Registered Agent

81 Name: Chief Adedoja Aluko
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: Same FL 85 Zip Code

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] 2/26/98
Signature and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE			☐ Change ☐ Addition
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARDEN, DARRYL		1.2 NAME		
STREET ADDRESS	14045 NE 10TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33161		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SOLANKE, ASABI		2.2 NAME		
STREET ADDRESS	13441 NW MIAMI CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	P	☐ Change ☐ Addition
NAME	ALUKO, BABALAWO		3.2 NAME	Chief Adedoja Aluko A.K.A. Benjamin White	
STREET ADDRESS	166 NW 48TH ST		3.3 STREET ADDRESS	Same address	
CITY-ST-ZIP	MIAMI FL 33127		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE	VP	☐ Change ☐ Addition
NAME	AKINDE, SHARON		4. 2 NAME	Sharon Akinde	
STREET ADDRESS	8230 N. BAYSHORE DR		4.3 STREET ADDRESS	166 N.W. 48 Street	
CITY-ST-ZIP	MIAMI FL 33138		4.4 CITY-ST-ZIP	Miami Fl 33127	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	WHILE, BENJAMIN		5.2 NAME	John McLeod	
STREET ADDRESS	166 N.W. 48TH ST		5.3 STREET ADDRESS	1523 NW 45 Street	
CITY-ST-ZIP	MIAMI FL 33127		5.4 CITY-ST-ZIP	Miami FL 33142	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Tunisia McClan	
STREET ADDRESS			6.3 STREET ADDRESS	14850 W. Dixie Highway	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Apt 137 N. Miami 33161	

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2/26/98

CR2E037 (10/97)