2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# N95000003167

Entity Name: INDIGENOUS FAITH OF AFRICA, INC.

Current Principal Place of Business:

166 NW 48 ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

166 NW 48 ST
MIAMI, FL 33127

New Mailing Address:

FEI Number: 65-0682675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALUKO, CHIEF A
166 NW 48 ST
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

ALUKO, ADEDOJA E CHIEF
166 NW 48 ST
MIAMI, FL 33127 US

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: CHIEF ADEDOJA ALUKO 05/01/2003
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LOVE, NUBIA
Address: 18 WEST 61 STREET
City-St-Zip: SAVANNAH, GA 31404

Title: P ( ) Delete
Name: ALUKO, CHIEF A
Address: 166 NW 48TH ST
City-St-Zip: MIAMI, FL 33127

Title: D ( ) Delete
Name: RAYMOND, JAMES
Address: 115 NW 197 ST
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: SMITH, DARRYL
Address: RTE 3 BOX 3163 C-15
City-St-Zip: TOWNSEND, GA 31331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: ALUKO, ADEDOJA E CHIEF
Address: 166 NW 48TH ST
City-St-Zip: MIAMI, FL 33127

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHIEF ADEDOJA ALUKO P 05/01/2003
Electronic Signature of Signing Officer or Director Date