

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003450

1. Corporation Name

YINKA KUKU'S CHRISTIAN
MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

4759 PALM AVENUE,
SUITE # 185
HIALEAH, FL 33012

4759 PALM AVENUE
SUITE # 185
HIALEAH, FL 33012

2. Principal Place of Business

21 AS ABOVE

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 AS ABOVE

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

JULY 21, 1995

3a. Date of Last Report

N/A

4. FEI Number

65-0601941

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REV. ABIODUN OLATINKA KUKU
4759 PALM AVENUE
SUITE # 185
HIALEAH, FL 33012

81 Name

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

83

84 City

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

(If "Off" Registered Agent, sign and print name of new registered agent.)

DATE

4/17/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

P/T/D
REV. ABIODUN OLATINKA KUKU
4759 PALM AVE, SUITE # 185
HIALEAH, FL 33012

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

S/D
MARIA T. MEDINA
1210 STANFORD DRIVE
MIAMI, FL 33146

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

D
JOSE M. ROJA
1210 STANFORD DRIVE
MIAMI, FL 33146

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

9000001788009
-04/22/96--01017--009
***61.25

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REV. ABIODUN OLATINKA KUKU

Date:

4/17/96

Daytime Phone #

(305) 557-1517

CR2E037 (12/95)