FILE NOW: FILING FEE IS \$61.25 **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # N 95 00000 345 0 YINKA KUKU'S CHRISTIAN MINISTRIES, INCORPORATED Principal Place of Business
4759 PALM AVENIUE,
BUITE # 185 Mailing Address 4759 PALM AVENUE 84178 # 185 HIALEAH, FL 33012 HIALEAH, PL33012 3. Date incorporated or Qualified 3a. Date of Last Report Applied For 2a. Mailing Address 2. Principa: Place of Business 65-0601941 ABOVE As Not Applicable AROVE AS \$8.75 Additional Suite, Apt. #, etc Suite. Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Yes X No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PRV. ABIODUM OLATINKA Street Address (P.O. Box Number is Not Acceptable) PALM AVENUE Zip Code HIALEAH, FL 84 City 33012 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes, the above names 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 congration's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617 0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and firle if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (12/ 12. Addition Change DELETE 11 TIFLE 1710 TITLE REV. ABIODUM OLATINKA KU 4759 PALM AVE, SUITE # 185 KUKU 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS HIPLEAH, FL 33012 1.4 CITY - ST - ZIP CITY - ST - ZIP X Addition Change DELETE 2 1 TITLE THE MARIA T. MEDINA 2 2 NAME NAME 23 STREET ADDRESS STREET ADDRESS MIAMI, PL 33146 2 4 City-St-ZiP CITY - ST - Z-P Addition Change DELETE 3 1 TITLE TITLE Jose M. KOJA 3 2 NAME NAME 1210 STANFORD OR MIAM. FZ 33146 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE A 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 900001788009 -04/22/%--01017--009 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS \*\*\*61.25 54 CITY - ST - 2IP CITY - ST - ZIP Addition Change DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST - ZIP 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 Statules 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 of made under oath; that I are an office or director of the colporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Blood 12 or Block 15 if changed, or on an attachment with an address.

KEV. ABIODUM TLAYINKA KUKU

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SIGNATURE: