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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

CITY-ST-ZIP

N95000003450 (2)

YINKA KUKU'S CHRISTIAN MINISTRIES, INC.

Principal Place of Business #359 PALM AVENUE SUITE 185 HALEAH FL 33012 2. Principal Place of Business HALEAH FL 33012 3. Date Incorporated or Qualified O7/21/1995 3. Date Incorporated or Qualified O/1/21/1995 3. Date Incorporated or Qualified O/1/21/1995 3. Date Incorporated or Qualified O/1/21/1995 4. FEI Number Solve So
SUITE 185 HALEAH FL 33012 2. Principal Place of Business HALEAH FL 33012 2. Principal Place of Business HALEAH FL 33012 3. Date Incorporated or Qualified Of Q4/19/1996 2. Principal Place of Business HALEAH FL 33012 3. Date Incorporated or Qualified Of Q4/19/1996 4. FEI Number 65-0801941 State of Status Desired Status
#ALEAH FL 33012 HALEAH FL 33012 #APPINE PAIR PROPERTY OF THE PROPERTY OF THE PAIR PAIR PAIR PAIR PAIR PAIR PAIR PAIR
S. Date Incorporated or Qualified 1/12/1995 2. Principal Place of Business
2. Principal Place of Business 2. Applied For 85-0801941 2. Applied For 85-0801941 2. Applied For Not Applied
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Sulfe, Apt. #, etc. Sulfe, Apt. #, etc.
27 City & State City & State 28 City & State 29 Country 29 Country 20 20 21 23 21 25 Country 20 21 25 Country 25 25 25 25 26 27 28 29 30 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 30 20 20 20 30 20 20 20 20 20 20 20 20 20 20 20 20 20
City & State City & State City & State City & State City & State City & State City & State City & State Country Zip State City Representation Yes Management Name and Address of Current Registered Agent Registered Agent Size City Registered Agent Size City Ci
Zip Country Zip Country Zip Country Zip Country S. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No.
24 3 3 / 5 5 25 U S A 29 30 Florida Statutes
81 Name KUKU, ABIODUN O REV. 4759 PALM AVENUE SUITE 185 HIALEAH FL 33012 10. Name and Address of New Registered Agent KUKU, ABIODUN O REV. 4759 PALM AVENUE SUITE 185 HIALEAH FL 33012 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 board officerors. I hereby accept the appointment as registered agent am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIgnature, typed or posted name of registered agent and title if applicable (NOTE Registered Agent agent Florida Statutes) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILLE PTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PTD DELETE 11 TITLE VICE PRESIDENT, DRRCCTOR Drange Addition NAME KUKU, OBIODUN O REV. 12 NAME SURVEY AND OR, PL 33019 TITLE SD L DELETE 21 TITLE SD L DELETE 21 TITLE REA SURCE, STR RCTOR Change Change Addition NAME MEDINA, MARIA T
KUKU, ABIODUN O REV. 4759 PALM AVENUE SUITE 185 HIALEAH FL 33012 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above refined corporation submits this statement for the purpose of changing its registered agent arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above refined corporation board office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation board officerors. I hereby accept the appointment as registered agent armiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, lyped or profiled name of registered agent and title if applicable. (NOTE: Registered Agent authorized information for information for the purpose of changing its registered agent and title if applicable. (NOTE: Registered Agent authorized information for information
4759 PALM AVENUE SUITE 185 HIALEAH FL 33012 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above name of corporation submits this statement for the purpose of changing its registered agent are marked agent, or both, in the State of Florida. Such change was authorized by the corporation board oldirectors. I hereby accept the appointment as registered agent are marked with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyped or prefiled name of registered agent and life of applicable. NAME NAME KUKU, OBIODUN O REV. SIRRET ADDRESS CITY-S1-ZIP HILWH FL 33012 TITLE SD DELETE 11 TITLE ACASURER, BIR BC70R Change Change Change Change Change Addition Change Chan
4759 PALM AVENUE SUITE 185 HIALEAH FL 33012 84 City FL ali 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 agent arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes SIGNATURE Signature, typed or prefed rame of registered agent and life of applicable. NAME KUKU, OBIODUN O REV. SIREET ADDRESS CITY-S1-ZIP HILWH FL 33012 TITLE SD DELETE LITTILE ACASURCER, STRECTOR Change Change Change Addition Change Addition Change Chan
HIALEAH FL 33012 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above nor ned 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 board officiences. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or profled rame of registered agent and title if applicable. NOTE: Registered Agent authors (Squared When renstating) ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 TILLE PTD DELETE 11. TITLE VICE PRESIDENT, BYRECTOR Change MAddition KUKU, OBIODUN O REV. 1.2 NAME STREET ADDRESS 4759 PALM AVE., SUITE #185 1.3 STREET ADDRESS 3801 S. OCEAN BR. #27 CITY-SI-ZIP HILWH FL 33012 DELETE 1.4 CITY-SI-ZIP HOLLY LOOK, PL 33019 Change MAddition NAME MEDINA, MARIA T DELETE 2.1 TITLE REA SURCER, BYRECTOR Change MAddition
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above not need corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or profest name of registered agent and title if applicable. (NOTE: Registered Adv. underto Folded when reinstation). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTD DELETE 1.1 TITLE KUKU, OBIODUN O REV. STREET ADDRESS 4759 PALM AVE., SUITE #185 1.3 STREET ADDRESS 1.3 STREET ADDRESS A759 PALM AVE., SUITE #185 1.3 STREET ADDRESS 1.4 CITY-SI-ZIP HILWH FL 33012 DELETE 2.1 TITLE SD DELETE 2.1 TITLE REASURCER, STRECTOR DIRECTOR Change Addition NAME MEDINA, MARIA T DELETE 2.1 TITLE REASURCER, STRECTOR Change Change Addition
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above nemed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIgnature, typed or profed name of registered agent and title if applicable (NOTE: Registered Age: unlature followed with renetality) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD CHANGE SIGNATURE VICE PRESIDENT, BTRECTOR Change Addition L2 NAME KUKU, OBIODUN O REV. 1.2 NAME STREET ADDRESS CITY-ST-2IP HILWH FL 33012 1.4 CITY-ST-2IP TITLE SD DELETE 2.1 TITLE REASURER, STRECTOR Change Change Addition MEDINA, MARIA T
SIGNATURE Signature, typed or profied name of registered agent and kille if applicable. (NOTE: Registered Agent
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Signature, typed or profed name of registered agent and title if applicable (NOTE Registered Act updature to use of the whole renetating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTD KUKU, OBIODUN O REV. 1.1 TITLE VICE PRESIDENT, BTRECTOR Change Maddition KUKU, OBIODUN O REV. 1.2 NAME LA JINE LA JINE LA JINE LA GITY-ST-ZIP HILWH FL 33012 1.4 CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE REA SURCER, BTRECTOR Change Maddition NAME MEDINA, MARIA T 22 NAME REV. AKAN OSUNWALE
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NAME KUKU, OBIODUN O REV. STREET ADDRESS CITY-ST-ZIP HILWH FL 33012 TITLE SD MEDINA, MARIA T L2 NAME 1.2 NAME L2 NAME L
STREET ADDRESS 4759 PALM AVE., SUITE #185 CITY-ST-ZIP HILWH FL 33012 1.3 STREET ADDRESS 3801 S. OCEAN BR. #27 1.4 CITY-ST-ZIP HOLLYWOOK, FL 33019 1.1 TITLE NAME MEDINA, MARIA T DELETE 21 TITLE REASURER, BTRECTOR CHANGE CHANG
CITY-ST-ZIP HILWH FL 33012 1.4 CITY-ST-ZIP HOLLYWOOK, FL 330/9 TITLE SD DELETE ZABAGER, STRECTOR CHANGE MADINA, MARIA T NAME MEDINA, MARIA T 22 NAME REV. AKAN CHANWALE
TITLE SD DELETE 2.1 TITLE TREASURER, STRECTOR Change MAddition NAME MEDINA, MARIA T 22 NAME REV. AKAN COUNWALE
NAME MEDINA, MARIAT 22 NAME REV. AKAN COUNWALE
STREET ADDRESS 1210 STANFORD DRIVE 23 STREET ADDRESS 16300 NW 1874 PL
CITY-ST-ZIP MIAMI FL 33146 2.4 CITY-ST-ZIP OPA-LOCKA PL 37054
TITLE D DELETE 3.1 TITLE Change Addition
NAME ROJA, JOSE M 3.2 NAME
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NAME 6.2 NAME

6.4 CITY-ST-ZIP 14. I do 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 trusted prowered to execute this report as required by Chapter 617, Florida Statutes; and that my name