

497-17855 FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

1997 NOV 12 PM 1:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mo'ham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000002365  
1. Corporation Name  
CHRIST FAITH TABERNALE INTERNATIONAL CHURCH OF AMERICA

Principal Place of Business Mailing Address SAME  
634 N.W. 179th St., MIAMI, FL 33169

2. Principal Place of Business 2a. Mailing Address  
21 634 N.W. 179th St. 26 SAME  
22 Suite, Apt #, etc. 27  
23 MIAMI, FL City & State 28  
24 33169 Zip 29 USA Country 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
4/29/96  
4. FEI Number Applied For  
65-0674623 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  
OSOKOYA, CORNELIUS. A  
634 N.W. 179th St., MIAMI, FL 33169

10. Name and Address of New Registered Agent  
81 Name SUNDAY AKINBIYI  
82 Street Address (P.O. Box Number is Not Acceptable) 18542 N.W. 23rd Ct.  
83  
84 City MIAMI FL 85 Zip Code 33054

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]* SUNDAY AKINBIYI 10/28/97  
Signature of principal officer or director (if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
SECRETARY	ADEMOLA ADELEKUN			<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OVERSEER	REV. A.T.B. WILLIAMS	634 N.W. 179th Street	MIAMI, FL 33169	(T)
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PRESIDENT	CORNELIUS OSOKOYA	634 N.W. 179th St.	MIAMI, FL 33169	(T)
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY	Mrs. BOLATITO JADJOU	634 N.W. 179th Street	MIAMI, FL 33169	(T)
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		700002347497--9	-11/14/97--01065--011	*****70.00 *****70.00
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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]* SUNDAY AKINBIYI, ADM. 10/27/97 (305) 625-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRCE037 (9/96)

H97-17855

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October 27, 1997

Christ Faith Tabernacle International Church Of America Inc.  
634 N.W. 179th Street  
Miami, Florida 33169

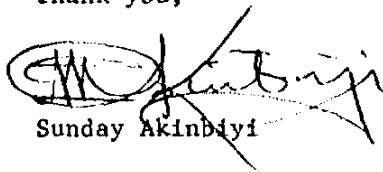
Department of State/Tallahassee  
Division of Corporations  
Reinstatement Department  
Tallahassee, Florida

To Whom It May Concern:

This letter is to notify the Reinstatement Department that the reason Christ Faith Tabernacle International Church Of America Inc. did not reinstate was because the reinstatement form was sent to the wrong address.

Please note correct address, indicated above.

Thank you,

  
Sunday Akinbiyi

We were told there will  
only be a charge of  
\$61.25

H97-17855

Prepared by:  
acei Industries, Inc.  
54 Northwest 11th St.  
Miami, FL 33136  
(305) 358-2571