

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000003754

1. Entity Name
**CELESTIAL CHURCH OF CHRIST IBUKUN OLUWA
PARISH, INC.**



Principal Place of Business
**1908B W BUSCH BLVD
TAMPA, FL 33612 US**

Mailing Address
**11323 HOLLYGLEN DR
TAMPA, FL 33624 US**



04142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **69-3404209** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOLARINWA, PERRY G
11323 HOLLYGLEN DR
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **PERRY BOLARINWA PD**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

04/14/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOLARINWA, PERRY G
STREET ADDRESS 11323 HOLLYGLEN DRIVE
CITY - ST - ZIP TAMPA, FL 33624

TITLE SD
NAME AKINRIMISI, FIXSON O
STREET ADDRESS 1018 E 108TH AVENUE
CITY - ST - ZIP TAMPA, FL 33612

TITLE TD
NAME BOLARINWA, CAROLINE I
STREET ADDRESS 11323 HOLLYGLEN DRIVE
CITY - ST - ZIP TAMPA, FL 33624

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000000121039
04/20/04-80034-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **PERRY BOLARINWA** **04/14/04 (813) 933-4501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #