

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003754

FILED
Apr 22, 2006
Secretary of State

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

Current Principal Place of Business:

1908B W BUSCH BLVD
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

11323 HOLLYGLEN DR
TAMPA, FL 33624 US

New Mailing Address:

FEI Number: 59-3404209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLARINWA, ABRAHAM G
11323 HOLLYGLEN DR
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOLARINWA, ABRAHAM G
Address: 11323 HOLLYGLEN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: AKINRIMISI, FIXSON O
Address: 1018 E 108TH AVENUE
City-St-Zip: TAMPA, FL 33612

Title: TD () Delete
Name: BOLARINWA, CAROLINE I
Address: 11323 HOLLYGLEN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: VPD () Delete
Name: IGBOKWE, CHRISTOPHER
Address: 1908B WEST BUSCH BOULEVARD
City-St-Zip: TAMPA, FL 33612

Title: ASD () Delete
Name: ADEKAMBI, YINKA
Address: 1908B WEST BUSCH BOULEVARD
City-St-Zip: TAMPA, FL 33612

Title: ATD () Delete
Name: OLADAPO, SEGUN
Address: 1908B WEST BUSCH BOULEVARD
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABRAHAM BOLARINWA

PD

04/22/2006

Electronic Signature of Signing Officer or Director

Date