

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003754

FILED  
Apr 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

5123 DR. MARTIN LUTHER KING JR. BLVD. E.  
TAMPA, FL 33619 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: 5123 DR. MARTIN LUTHER KING JR. BLVD. E.  
City-St-Zip: TAMPA, FL 33619

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

Title: ASD ( ) Delete  
Name: ADEKAMBI, YINKA  
Address: 5123 DR. MARTIN LUTHER KING JR. BLVD. E.  
City-St-Zip: TAMPA, FL 33619

Title: ATD ( ) Delete  
Name: OLADAPO, SEGUN  
Address: 5123 DR. MARTIN LUTHER KING JR. BLVD. E.  
City-St-Zip: TAMPA, FL 33619

**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:

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 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

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date