

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000003853**
1. Corporation Name
**PREACH THE WORD EVANGELICA
CHURCH, INC**

Principal Place of Business Mailing Address
**2128 WASHINGTON STR. P.O. BOX 130208
HOLLYWOOD, FL 33020 SUNRISE, FL 33313**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified JULY 23, 1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0692714		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
OLA OLAIGBE				81 Name AMOS O. OYEWALE			
18441 NW 2ND AVE #220				82 Street Address (P.O. Box Number is Not Acceptable) 5992 NW 19th STR. #1			
MIAMI, FL 33169				83			
				84 City SUNRISE FL 85 Zip Code 33313			

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 **AMOS O. OYEWALE** DATE **4-9-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AMOS O. OYEWALE			1.2 NAME	MABEL OGUNDELE		
STREET ADDRESS	5992 NW 19th STR. #1			1.3 STREET ADDRESS	6116 SW 20 COURT		
CITY-ST-ZIP	SUNRISE, FL 33313			1.4 CITY-ST-ZIP	MIRAMAR, FL 33028		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOLATITO OYEWALE			2.2 NAME	FOLAKE ADEAGBO		
STREET ADDRESS	5992 NW 19th STR. #1			2.3 STREET ADDRESS	8620 NW 21ST STREET		
CITY-ST-ZIP	SUNRISE, FL 33313			2.4 CITY-ST-ZIP	SUNRISE, FL 33322		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLESSING OYEWALE			3.2 NAME			
STREET ADDRESS	5992 NW 19th STR. #1			3.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33313			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLUWASHEUN OYEWALE			4.2 NAME			
STREET ADDRESS	5992 NW 19th STR. #1			4.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33313			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLUWASHEYI OYEWALE			5.2 NAME			
STREET ADDRESS	5992 NW 19th STR. #1			5.3 STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33313			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	300002151853	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	-04/23/97--01061--003		
STREET ADDRESS				6.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP				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 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: **AMOS O. OYEWALE** Date: **4-22-97** Daytime Phone #: **454-731-5974**

CR2E037 (9/96)