

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90266 043 \*\*\*\*61.25

**DOCUMENT # N96000003853**

1. Entity Name

PREACH THE WORD EVANGELICAL CHURCH, INC.



Principal Place of Business

5337 PEMBROKE RD  
HOLLYWOOD FL 33020

Mailing Address

P.O. BOX 3782  
SUNRISE FL 33083-378

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

OYEWALE, AMOS  
5992 NW 14 STREET #1  
SUNRISE FL 33313

7. Name and Address of New Registered Agent

Name **OYEWALE AMOS O**

Street Address (P.O. Box Number is Not Acceptable)

**2121 JACKSON ST #27**

City **HOLLYWOOD**

FL

Zip Code

**33020**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME OYEWALE, AMOS O ☐ Delete  
STREET ADDRESS 5992 NW 14 STREET #1  
CITY-ST-ZIP SUNRISE FL 33313

TITLE SD  
NAME OGUNDELE, MABEL ☐ Delete  
STREET ADDRESS 6116 SW 20TH COURT  
CITY-ST-ZIP MIRAMAR FL 33023

TITLE TD  
NAME KUNIKA, SOLOMON ☐ Delete  
STREET ADDRESS 2319 ADAMS 89 APT # 22  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME OYEWALE AMOS O  
STREET ADDRESS 2121 JACKSON ST #27  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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:

*Oyeleto A. Oyedepo*

OYELETO A. OYEDEPO

Date

4/20/04 (954) 921 2176

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR