2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2005 8:00 am
Secretary of State
04-12-2005 90140 032 ****61.25

DOCUMENT # N96000003853

1. Entity Name
PREACH THE WORD EVANGELICAL CHURCH, INC.

Principal Place of Business	Mailing Address
5337 PEMBROKE RD HOLLYWOOD FL 33020	P.O. BOX 3782 SUNRISE FL 33083-378

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8410 NW 45 STREET Suite, Apt. #, etc.
City & State	City & State LAUDERHILL FL
Zip / Country	Zip 33351 / Country

4. FEI Number 65-0692 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OYEWALE, AMOS 2121 JACKSON ST. #27 HOLLYWOOD FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: [redacted] DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OYEWALE, AMOS O 2121 JACKSON ST., #27 HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OYEWALE, AMOS O 8410 NW 45 STREET LAUDERHILL FL 33351	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OGUNDELE, MABEL 6116 SW 20TH COURT MIRAMAR FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KUNIKA, SOLOMON 2319 ADAMS 89 APT # 22 HOLLYWOOD FL 33020	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Oyetoro A. Oyedepo OYETORO A. OYEDEPO 3/31/05 (954)741-6251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #