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May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004229 (8)**

1. Corporation Name

**CHRIST APOSTOLIC CHURCH, MOUNTAIN OF MIRACLES, I  
NC.**

Principal Place of Business

Mailing Address

**13800 SW 268TH STREET  
UNIT 208  
NARANJA FL 33032**

**P.O. BOX 824172  
HOMESTEAD FL 33082**

2. Principal Place of Business

2a. Mailing Address

**21 27873 S. DIXIE HWY**

**26 Suite, Apt. #, etc.**

**22 Suite, Apt. #, etc.**

**27 Suite, Apt. #, etc.**

**23 City & State**

**28 City & State**

**NARANJA, FLORIDA**

**29 City & State**

**24 Zip**

**25 Country**

**29 Zip**

**30 Country**

**33032**

**DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OLAWALE, JOSEPH PASTOR  
13800 SW 268TH STREET  
UNIT 208  
NARANJA FL 33032**

**81 Name**

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

**83**

**84 City**

**FL**

**85 Zip Code**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **OLAWALE, JOSEPH PASTOR**  
STREET ADDRESS **13800 SW 268TH STREET, APT. #208**  
CITY-ST-ZIP **NARANJA FL 33032**

1.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
1.2 NAME **SHASANMI, A.O. PASTOR**  
1.3 STREET ADDRESS **3191 NW 133 STREET**  
1.4 CITY-ST-ZIP **OPA-LOCKA, FL 33054**

TITLE **D** ☒ DELETE  
NAME **ADEYANJU, J.O. PASTOR**  
STREET ADDRESS **132 E TREMONT AVE**  
CITY-ST-ZIP **BRONX NY 10460**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **OWOEYE, J.O. PASTOR**  
STREET ADDRESS **2916 E 91 ST**  
CITY-ST-ZIP **CHICAGO IL 60617**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **AJAGBE, AUGUSTINE O MR.**  
STREET ADDRESS **9505 SW 136 ST**  
CITY-ST-ZIP **MIAMI FL 33176**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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: **OLAWALE PASTOR JOSEPH OLAWALE** **4-26-98 (305) 257-5866**

CR2E037 (10/97)