

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004229

1. Entity Name

CHRIST APOSTOLIC CHURCH, MOUNTAIN OF MIRACLES, I

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90143 034 ****70.00

Principal Place of Business 27873 S DIXIE HWY UNIT 208 NARANJA FL 33032 US	Mailing Address P.O. BOX 924172 HOMESTEAD FL 33092-4172
--	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0707519		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OLAWALE, JOSEPH PASTOR 13860 SW 268TH STREET UNIT 208 NARANJA FL 33032		7. Name and Address of New Registered Agent Name OLAWALE, JOSEPH PASTOR Street Address (P.O. Box Number is Not Acceptable) 9530 W-DAFFODIL LANE City MIRAMAR FL Zip Code 33025	
--	--	---	--

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.

SIGNATURE OLAWALE, JOSEPH PASTOR 4-23-2000
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D SHASANMI, A O PASTOR STREET ADDRESS 3191 NW 133 ST CITY-ST-ZIP OPA LOCKA FL 33054	<input checked="" type="checkbox"/> Delete	TITLE NAME DIRECTOR / PASTOR OLAWALE, JOSEPH PASTOR STREET ADDRESS 9530 W-DAFFODIL LANE CITY-ST-ZIP MIRAMAR, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D OWOEYE, J.O. PASTOR STREET ADDRESS 2916 E 91 ST CITY-ST-ZIP CHICAGO IL 60617	<input type="checkbox"/> Delete	TITLE NAME DIRECTOR / PASTOR DADA GABRIELS. PASTOR STREET ADDRESS 17255 SW-95 AVENUE APT. 117 I CITY-ST-ZIP MIAMI, FL 33157	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D AJAGBE, AUGUSTINE O MR. STREET ADDRESS 9505 SW 136 ST CITY-ST-ZIP MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D ADEYEMI, S. A. PASTOR STREET ADDRESS 13810 SW 268TH ST #205 CITY-ST-ZIP HOMESTEAD FL 33032	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: OLAWALE, JOSEPH PASTOR 4-23-2000 954-443-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)