

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004229

1. Entity Name

CHRIST APOSTOLIC CHURCH, MOUNTAIN OF MIRACLES, I

Principal Place of Business

27873 S DIXIE HWY
UNIT 208
NARANJA FL 33032
US

Mailing Address

P.O. BOX 924172
HOMESTEAD FL 33092

2. Principal Place of Business

10701 SW 216 ST

Suite, Apt. #, etc.

BAY # 18

City & State

MIAMI, FL

Zip

33170

Country

DADE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0707519

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$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)

18620 NW 27 AVE #202

City

MIAMI

FL

Zip Code

33056

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

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D SHASANMI, A O PASTOR ☒ Delete
NAME
STREET ADDRESS 3191 NW 133 ST
CITY-ST-ZIP OPA LOCKA FL 33054

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

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

TITLE D ADEYEMI, S. A. PASTOR ☒ Delete
NAME
STREET ADDRESS 13810 SW 268TH ST #205
CITY-ST-ZIP HOMESTEAD FL 33032

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 D OLAWALE, JOSEPH PASTOR ☐ Change ☒ Addition
NAME
STREET ADDRESS 18620 NW 27 AVE #202
CITY-ST-ZIP MIAMI, FL 33056

TITLE D ALALADE, TIMOTHY MR. ☐ Change ☒ Addition
NAME
STREET ADDRESS 17303 SW 107 AVENUE
CITY-ST-ZIP MIAMI, FL 33157

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:

JOSEPH OLAWALE PASTOR 4-23-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90115 012 ****70.00



DO NOT WRITE IN THIS SPACE

0085305

CR2E037 (10/00)