

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006022

1. Entity Name

THE REDEEMED CHRISTIAN CHURCH OF GOD JESUS HOUSE

Principal Place of Business

7580 82ND STREET
MEDLEY FL 33166

Mailing Address

7580 82ND STREET
MEDLEY FL 33166-7413

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

BOLOGUN, HENRY A
12142 ST. ANDREWS PLACE
#110
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name
ALEXANDER AKPODIETE, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
28 West Flagler Street, 11th Floor
Courthouse Plaza
City
Miami FL Zip Code
33130

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	PT	<input type="checkbox"/> Delete
NAME	ADEBOYE, ENOCH	
STREET ADDRESS	921 PHILADELPHIA AVE	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	T	<input type="checkbox"/> Delete
NAME	IRUKWY, AGU	
STREET ADDRESS	19 RUSSELL RD	
CITY-ST-ZIP	NORTHORT MIDDLESSEX UK	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLAOYE, AFOLABI	
STREET ADDRESS	10829 BUCKNELL DR	
CITY-ST-ZIP	SILVER SPRING MD 20902	
TITLE	TP	<input checked="" type="checkbox"/> Delete
NAME	ADEAGA, OLUSHOLA	
STREET ADDRESS	54 HYDEWOOD BAMPTON RD	
CITY-ST-ZIP	LONDON UK	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	ADEWIINMI, ADENIYI	
STREET ADDRESS	12040 W SAMPLE RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BALOGUN, HENRY A	
STREET ADDRESS	12142 ST ANDREWS PL #110	
CITY-ST-ZIP	MIRAMAR FL 33025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alexander Akpodiete	
STREET ADDRESS	524 NW 130 Way	
CITY-ST-ZIP	Pembroke Pine, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALOGUN HENRY A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12154 ST. ANDREWS PL #112	
CITY-ST-ZIP	MIRAMAR, FL. 33025	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexander Akpodiete 4/30/2000 (305) 887 5254

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90130 045 ****70.00

CR2E037 (9/99)