

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 17, 2001 8:00 am**  
**Secretary of State**

07-17-2001 90002 015 \*\*\*\*61.25

0011282

**DOCUMENT # N99000006259**

1. Entity Name

**CHRIST APOSTOLIC CHURCH TAMPA BAY INC.**

(LA)

Principal Place of Business <b>8301 NORTH 40TH STREET TAMPA FL 33604</b>	Mailing Address <b>8301 NORTH 40TH STREET TAMPA FL 33604</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-3590992</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**OLODUDE, MICHAEL D**  
**6703 VILLAGE GROVE COURT**  
**TAMPA FL 33615**

*12318 DAWN VISTA DR  
 RIVERVIEW FL. 33569*

**7. Name and Address of New Registered Agent**

Name **OLODUDE, MICHAEL D**

Street Address (P.O. Box Number is Not Acceptable)  
**12318 DAWN VISTA DR**

City **RIVERVIEW** FL Zip Code **33569**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLAWALE, JOSEPH</b> <b>9530 WEST DAFFODIL LANE</b> <b>MIRAMAR FL 33025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OWOYE, J O</b> <b>2916 EAST 91ST STREET</b> <b>CHICAGO IL 60617</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLODUDE, MICHAEL D</b> <b>10209 MARSH HARBOR WAY, UNIT #6</b> <b>TAMPA FL 33569</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DADA, GABRIEL S</b> <b>8301 N. 40th STREET</b> <b>TAMPA, FL. 33604</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLAWALE, JOSEPH</b> <b>2601 NW 123th STREET</b> <b>MIAMI, FL. 33167</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OLODUDE, MICHAEL D</b> <b>12318 DAWN VISTA DR</b> <b>RIVERVIEW, FL. 33569</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DADA, GABRIEL S</b> <b>8301 N. 40th STREET</b> <b>TAMPA, FL 33604</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ADETUTU, ABIDEMI</b> <b>4322 AKITA DR</b> <b>TAMPA, FL. 33624</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: *[Signature]* **ADDETUTU, ABIDEMI** 07/09/01 (813) 915-8786

CR2E037 (5/01)