

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90107 046 ****70.00

DOCUMENT # N99000006259

1. Entity Name

CHRIST APOSTOLIC CHURCH TAMPA BAY INC.

Principal Place of Business

Mailing Address

8301 NORTH 40TH STREET
 TAMPA FL 33604

8301 NORTH 40TH STREET
 TAMPA FL 33604

B0005155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3590992

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLODUDE, MICHAEL D
 12318 DAWN VISTA DRIVE
 RIVERVIEW FL 33569

Name **ADETUTU ABIDEMI (ELDER)**

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

4322 AKITA DRIVE

City **TAMPA**

FL

Zip Code **33624**

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.

ELDER ABIDEMI A. ADETUTU (SECRETARY) 01/08/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	OLAWALE, JOSEPH	2601 NW 123RD STREET	MIAMI FL 33167	<input type="checkbox"/>
D	OWOYE, JO	2916 EAST 91ST STREET	CHICAGO IL 60617	<input type="checkbox"/>
D	OLODUDE, MICHAEL D	12318 DAWN VISTA DRIVE	RIVERVIEW FL 33569	<input type="checkbox"/>
D	DADA, GABRIEL S	8301 N 40TH STREET	TAMPA FL 33604	<input type="checkbox"/>
D	ADETUTU, ABIDEMI	4322 AKITA DRIVE	TAMPA FL 33624	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 OF GABRIEL DADA 1-8-02 813-899-2464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)