

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006259

FILED
Apr 01, 2008
Secretary of State

Entity Name: CHRIST APOSTOLIC CHURCH TAMPA BAY INC.

Current Principal Place of Business:

8301 NORTH 40TH STREET
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

CHRIST APOSTOLIC CHURCH
P.O. BOX 8005
TAMPA, FL 33674 US

New Mailing Address:

FEI Number: 59-3590992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADETUTU, ABIDEMI SEC
3511 LOGGERHEAD WAY
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TREA () Delete
Name: SOLANKE, MICHAEL
Address: 10910 N.15TH STREET
City-St-Zip: TAMPA, FL 33612

Title: PUB () Delete
Name: ISHOLA, BODE
Address: 10109 VISTA POINTE DR.
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: OLODUDE, MICHAEL D
Address: 8523 DEER CHASE
City-St-Zip: RIVERVIEW, FL 33569

Title: PRES () Delete
Name: DADA, GABRIEL S PASTOR
Address: 8301 N 40TH STREET
City-St-Zip: TAMPA, FL 33604

Title: D () Delete
Name: KENNETH, SHOBOLA
Address: 4730 NORTH HABANA AVE # 103
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: OLAYSADE, KEHINDE
Address: 8002 LA SERENA DR,
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OLATUNJI, OLUBODE D
Address: 19417 SANDY SPRING CIRCLE
City-St-Zip: LUZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL S DADA

PAST

04/01/2008

Electronic Signature of Signing Officer or Director

_____ Date