


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90107 021 ****61.25

0012

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**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
CHRIST Apostolic Church
P.O. Box 8005

City & State City & State
Tampa **Tampa**

Zip Country Zip Country
FL **USA** **33674**

4. FEI Number **59-3590992** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ADETUTU, ABIDEMI
4322 AKITA DRIVE
TAMPA FL 33624

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Solanke	
STREET ADDRESS	9242 N. 52nd Street	
CITY-ST-ZIP	Tampa FL 33617	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BODE Ishola	
STREET ADDRESS	10109 VISTA POINTE DR,	
CITY-ST-ZIP	Tampa FL 33635	
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		

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 REQUIRED** *[Signature]* **8/25/03** **813 899-2464**

CRZE037 (4/03)