



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 127629		2. Name of Corporation CHRIST APOSTOLIC MIRACLE MINISTRY			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 195 WEST AVENUE		City PAWTUCKET	Zip 02860
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO SPREAD THE GOSPEL OF JESUS CHRIST					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name OLUSOLA FRANK AKANBI			Vice President Name		
Street Address 195 WEST AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name GANIAT OSAGIE			Treasurer Name		
Street Address 195 WEST AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name JOSEPH MANFREDI			Director Name TUNDE ADEOGUN		
Street Address 1021 MAIN STREET (#1107)			Street Address 351 WINIFRED STREET		
City WEST WARWICK	State RI	Zip 02893	City EAST ST PAUL	State MN	Zip 55107-2423
Director Name REGINA ESI OTTO			Director Name		
Street Address 21 PALM STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name PASTOR OLUSOLA FRANK AKANBI			Address		
Address 18 LINDEN STREET			City PROVIDENCE	Zip 02907	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



127629

File Date 6-7-05
Check No. 1146
By: OW
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 06/05/05
Print or Type Name of Officer OLUSOLA FRANK AKANBI
Title of Officer PRESIDENT



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Street Address 195 WEST AVENUE		Street Address	
City PAINTUCKET	State RI	Zip 02860	
Secretary Name GANIAT OSAGIE		Treasurer Name	
Street Address 197 WEST AVENUE		Street Address	
City PAINTUCKET	State RI	Zip 02860	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name PAUL OKIKIJESU		Director Name OLUSOLA F. AKANBI	
Street Address 90 TAIWO ALOKOLARO STR.		Street Address 195 WEST AVENUE	
City IKORODU	State LAGOS	Zip NIGERIA	
City PAINTUCKET		State RI	Zip 02860
Director Name GANIAT OSAGIE		Director Name JOSEPH MANFREDI	
Street Address 197 WEST AVENUE		Street Address 1021 MAIN STREET	
City PAINTUCKET	State RI	Zip 02860	
City WEST WARWICK		State RI	Zip 02893
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name PASTOR OLUSOLA FRANK AKANBI		Address	
Address 18 LINDEN STREET		City PROVIDENCE	Zip 02907-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 7 6 2 9 *

File Date 9/1/04
Check No. 1110
By: DA
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 08/29/04
Signature of Officer Date
OLUSOLA F. AKANBI
Print or Type Name of Officer
PRESIDENT
Title of Officer

INSTRUCTIONS FOR FILING

1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in items 2 and 4 of the preceding form currently appears in the corporate records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the registered agent. A statement submitted with a post office box address only will not be accepted for filing.
3. The statement must be signed on behalf of the corporation by its president or a vice president.
4. The change of address of the registered office or the appointment of a new registered agent, or both, as the case may be, shall become effective upon the date of filing with the Secretary of State.
5. The fee for filing the Statement of Change of Registered Agent by the Corporation is \$10.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a registered agent changes the agent's business address to another place within the state, the agent may change the address and the address of the registered office of any corporation of which the agent is a registered agent by completing the statement below instead of the preceding form, and submitting same for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the statement to verify that the information required in item 2 below currently appears in the corporate records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

No Filing Fee

ID Number: 127629

STATEMENT OF CHANGE OF REGISTERED OFFICE BY THE REGISTERED AGENT

Pursuant to the provisions of Sections 7-6-13(d) or 7-6-78(d) of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

1. The name of the corporation is CHRIST APOSTOLIC MIRACLE MINISTRY
2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
18 LINDEN STREET, PROVIDENCE - RI 02907
3. The address of the NEW registered office is:
195 WEST AVENUE, PAWTUCKET - RI 02860
4. A copy of this Statement has been mailed to the corporation.

Date: 02/16/06

PASTOR OLUSOLA FRANK AKANBI
Print Name of Registered Agent

[Signature]
Signature of Registered Agent

06 FEB 16 11:12:44

FILED

FEB 16 2006

By AME