

AMENDED

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>127629</u>	2. Name of Corporation <u>CHRIST APOSTOLIC MIRACLE MINISTRY</u>			
3. State of Incorporation <u>RHODE ISLAND</u>	4. Corporate address in Rhode Island - Street Address <u>18 LINDEN STREET</u>	City <u>PROVIDENCE</u>	Zip <u>02907</u>	
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.

SPREADING THE GOSPEL OF JESUS CHRIST

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>OLUSOLA FRANK AKANBI</u>	Vice President Name				
Street Address <u>18 LINDEN STREET</u>	Street Address				
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
Secretary Name <u>GANIAT OSAGIE</u>	Treasurer Name <u>JOSEPH MANFREDI</u>				
Street Address <u>18 LINDEN STREET</u>	Street Address <u>72 GOUGH AVENUE #84</u>				
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN THE 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 <u>PASTOR PAUL OKIKIYESU</u>	Director Name <u>ELDER GANIAT OSAGIE</u>				
Street Address <u>2 OJEKUNLE STREET</u>	Street Address <u>18 LINDEN STREET</u>				
City <u>MUSHIN</u>	State <u>LAGOS</u>	Zip <u>NIGERIA</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>
Director Name <u>PASTOR FRANK AKANBI</u>	Director Name <u>ELDER JOSEPH MANFREDI</u>				
Street Address <u>18 LINDEN STREET</u>	Street Address <u>72 GOUGH AVENUE #84</u>				
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>

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 <u>OLUSOLA FRANK AKANBI</u>	Address <u>18 LINDEN STREET</u>	
Address <u>18 LINDEN STREET</u>	City <u>PROVIDENCE</u>	Zip <u>02907</u>

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

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] 09/08/03
Signature of Officer Date
OLUSOLA FRANK AKANBI
Print or Type Name of Officer
PRESIDENT
Title of Officer

FILED

File Date
SEP 08 2003
Check No.
By [Signature]
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