2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2009
Secretary of State

DOCUMENT# N08000003887

Entity Name: REDEEMING FAITH MISSIONARY BAPTIST CHURCH INC.

Current Principal Place of Business:

4566 CLAMSHELL DRIVE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 26272
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 26-2458613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOONE, THOMAS L
4566 CLAMSHELL DRIVE
JACKSONVILLE, FL 32218 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: P ( ) Delete
Name: BOONE, THOMAS L
Address: 4566 CLAMSHELL DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: CD ( ) Delete
Name: SCOTT, AUGUSTUS
Address: 7649 CHAPPIE JAMES COURT
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: T ( ) Delete
Name: HOLMES, ERNESTINE
Address: 7542 JOHN F KENNEDY DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: S ( ) Delete
Name: GAULDIN, DOROTHY
Address: 1152 WEST 26TH STREET
City-St-Zip: JACKSONVILLE, FL 32209 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: THOMAS L BOONE P 04/11/2009

Electronic Signature of Signing Officer or Director — Date