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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Moam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001713 (3)**

1. Corporation Name

REDEEMING FAITH & ANOINTING MINISTRIES, INCORPORATED

Principal Place of Business

**1433 N.E. 16TH AVENUE
GAINESVILLE FL 32601**

Mailing Address

**P.O. BOX 6043
GAINESVILLE FL 32627-6043**

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

59-3431578

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 918 SE Williston Road

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

City & State

23 Gainesville, FL

City & State

Zip

24 32601

Country

25 Alachua

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OSOBA, TERESA
1359 N.E. 31ST AVENUE
GAINESVILLE FL 32609**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	OSOBA, BABAKIDE	
STREET ADDRESS	1359 N.E. 31ST AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATTS, KENNETH	
STREET ADDRESS	7101 N.E. 27TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSOBA, TERESA	
STREET ADDRESS	1359 N.E. 31ST AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	OSOBA, BABAKIDE	
3. STREET ADDRESS	1359 N.E. 31st Avenue	
4. CITY-ST-ZIP	Gainesville, FL 32609	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY-ST-ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/98 (352) 376-2552

Date

Daytime Phone # 0011617

CR2E037 (10/97)