

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90056 001 ****61.25

DOCUMENT # **N97000001713**

1. Corporation Name

REDEEMING FAITH & ANOINTING MINISTRIES, INCORPORATED

336617-90056-1

Principal Place of Business

1433 N.E. 16TH AVENUE
GAINESVILLE FL 32601

Mailing Address

P.O. BOX 6043
GAINESVILLE FL 32627-6043



2. Principal Place of Business

21 **918 S.E. Williston Rd.**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

59-3431578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

City & State

23 **Gainesville, FL**

City & State

28

Zip

24 **32601** 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **OSOBA, BABAJIDE**
STREET ADDRESS **1359 N.E. 31ST AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **D** ☐ DELETE
NAME **WATTS, KENNETH**
STREET ADDRESS **7101 N.E. 27TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **D** ☐ DELETE
NAME **OSOBA, TERESA**
STREET ADDRESS **1359 N.E. 31ST AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE: **TERESA OSOBA** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

(352) 376-2552

Date

Daytime Phone #

CR2E037 (1/1/98)