

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001713

1. Entity Name

REDEEMING FAITH & ANOINTING MINISTRIES, INCORPOR

Principal Place of Business

918 SE WILLISTON RD  
GAINESVILLE FL 32601

Mailing Address

P.O. BOX 6043  
GAINESVILLE FL 32627-6043

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☒ Addition  
~~Director~~ Marion Strawder  
STREET ADDRESS 922 S.E. 13th Avenue  
CITY-ST-ZIP Gainesville, FL 32601-8044

TITLE NAME ☐ Change ☒ Addition  
Director / Treasurer  
STREET ADDRESS Clarence Polke  
CITY-ST-ZIP 103 South Franklin Ave  
Archer, FL 32618

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*TERESA OSOBA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

(352) 396-2552

Daytime Phone #

FILED  
Apr 19, 2001 8:00 am  
Secretary of State

04-19-2001 90029 017 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3431578

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

CR2E037 (10/00)