

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46834

1. Entity Name

REDEEMED, RETURNED AND RESURRECTED, INCORPORATED

Principal Place of Business

1602 BURTON BLVD
ORLANDO FL 32805
US

Mailing Address

FLAMING FIRE MINISTRIES INC
PO BOX 618322
ORLANDO FL 32861-8322
US

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

MORRIS, LINDA
4431 TERESA BLVD
ORLANDO FL 32811

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MORRIS, LINDA
STREET ADDRESS 4431 TERESA BLVD
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME WILLIE MAE MORRIS
STREET ADDRESS 4703 SOUTH TEXAS AVENUE APT C
CITY-ST-ZIP ORLANDO Florida 32839

TITLE V
NAME GRIDER, ALFRED
STREET ADDRESS 4431 TERESA BOULEVARD
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

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

TITLE VD
NAME ORR, JOYCE
STREET ADDRESS 4799 S TEXAS AVE
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

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

TITLE TD
NAME GRIDER, FELICIA
STREET ADDRESS 4431 TERESA BLVD
CITY-ST-ZIP ORLANDO FL 32811 ☐ Delete

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

TITLE ST
NAME GILYARD, SABRINA G
STREET ADDRESS 6510-B SUMMERWALK SQUARE
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

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

TITLE VT
NAME ORR II, EDWARD
STREET ADDRESS 4799 S TEXAS AVE
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90259 035 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3106630 ☐ Applied For
☐ Not Applicable

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

CR2E037 (10/00)