

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011163

**Entity Name:** REDEEMED MINISTRIES, INC.**Current Principal Place of Business:**3665 COVINGTON LANE  
LAKELAND, FL 33810**Current Mailing Address:**3665 COVINGTON LANE  
LAKELAND, FL 33810**FEI Number:** 02-0734203**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WIGGS, RICKY  
3665 COVINGTON LANE  
LAKELAND, FL 33810 US*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**Officer/Director Detail :**

Title	D
Name	WIGGS, CARLA
Address	2122 SEWARD DR
City-State-Zip:	SARASOTA FL 34234

Title	D
Name	DAVIS, VIOLET
Address	1313 WAIKIKI WAY
City-State-Zip:	TAMPA FL 33619

Title	D
Name	PIERCE, RHONDA
Address	P.O. BOX 24712
City-State-Zip:	TAMPA FL 33623

Title	D
Name	REDDING, RICHARD
Address	2653 22ND ST.
City-State-Zip:	SARASOTA FL 34234

Title	D
Name	HARVEY, TREVOR
Address	2752 21ST ST.
City-State-Zip:	SARASOTA FL 34234

Title	D
Name	OLIVER, EDWINA
Address	1716 TARPON AVE.
City-State-Zip:	SARASOTA FL 34234

Title	PASTOR
Name	WIGGS, RICKY A
Address	3665 COVINGTON LANE
City-State-Zip:	LAKELAND FL 33810

*I hereby 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 all other like empowered.*

**SIGNATURE: RICKY WIGGS****PASTOR****03/23/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date