

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004491

Entity Name: REDEEMING FAITH DELIVERANCE COMMUNITY MINISTRIES, INC.**FILED**
Apr 30, 2018
Secretary of State
CC1629877842**Current Principal Place of Business:**7305 WEST SAMPLE ROAD
208
CORAL SPRINGS, FL 33065**Current Mailing Address:**7305 WEST SAMPLE ROAD
208
CORAL SPRINGS, FL 33065 US**FEI Number: 74-3175493****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OSBOURNE, CORAL
3897 NW 73RD TERR
CORAL SPRINGS, FL 33065 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	PASTOR
Name	OSBOURNE, CORAL
Address	3897 NW 73RD TERR.
City-State-Zip:	CORAL SPRINGS FL 33065

Title	PASTOR
Name	OSBOURNE, GERTRUDE
Address	3897 NW 73RD TERR.
City-State-Zip:	CORAL SPRINGS FL 33065

Title	TREASURER
Name	LEE, AVIS
Address	11460 NW 39TH STREET
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	FRANCIS, GEORGE
Address	2231 GOODWIN ROAD
City-State-Zip:	ELMONT NY 11003

Title	DEACON
Name	LEE, RUEL
Address	11460 NW 39TH STREET
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DEACON
Name	OSBOURNE, MARCELLUS
Address	5724 NW 16TH STREET
City-State-Zip:	LAUDERHILL FL 33313

Title	SECRETARY
Name	DOWNER, SHANIQUE
Address	625 S W LAKE CHARLES CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34986

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: CORAL OSBOURNE**PASTOR****04/30/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date