

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761475

FILED
Apr 22, 2008
Secretary of State

Entity Name: REDLANDS COMMUNITY CHURCH, INC.

Current Principal Place of Business:

14601 S.W. 248TH STREET
HOMESTEAD, FL 33032

New Principal Place of Business:

Current Mailing Address:

14601 S.W. 248TH STREET
HOMESTEAD, FL 33032

New Mailing Address:

FEI Number: 59-2188475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, KATHERINE S
22215 HILL STREET
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FRYE, GERALD
Address: 27105 SW 197 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: T () Delete
Name: CHAPEL, DALE
Address: 18795 SW 264 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: T () Delete
Name: WILES, DAVID
Address: 9820 SW 102 STREET
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: GONZALEZ, CHARLES
Address: 27050 SW 189 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: WOOTEN, EDGAR
Address: 15785 SW 242 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: T (X) Change () Addition
Name: CAMPBELL, JOHN A
Address: 22215 HILL STREET
City-St-Zip: MIAMI, FL 33170

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES GONZALEZ

T

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date