

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001261

FILED
Jul 16, 2008
Secretary of State

Entity Name: THE REDEEMED CHRISTIAN CHURCH OF GOD GO YE CHAPEL, INC.

Current Principal Place of Business:

3348 MAHAN DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2882 ROYAL OAKS DR.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3631061 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OLORUNNIPA, ZACCH DR.
2882 ROYAL OAKS DR.
TALLAHASSEE, FL 32309 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLORUNNIPA, ZACCH
Address: 2882 ROYAL OAKS DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: FSD () Delete
Name: LATINWO, ABIMBOLA
Address: 6712 PASADENA DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: DM () Delete
Name: OYINLOYE, SAMUEL
Address: 2855 APALACHEE PKWAY APT. D179.
City-St-Zip: TALLAHASSEE, FL 32301

Title: DM () Delete
Name: OLORUNNIPA, FLORENCE
Address: 2882 ROYAL OAKS DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: DM () Delete
Name: AGBOOLA, EMMANUEL
Address: 5062 SUNDANCE LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: DM () Delete
Name: EBUBE, CHUKWUEMEKA
Address: 1581 TWIN LAKE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DM (X) Change () Addition
Name: OYINLOYE, SAMUEL
Address: 3216 SUGAR BERRY WAY.
City-St-Zip: TALLAHASSEE, FL 32303

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

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: ZACCH OLORUNNIPA

PD

07/16/2008

Electronic Signature of Signing Officer or Director

Date