

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005300

Entity Name: REDEEMING LOVE FELLOWSHIP, INC.

FILED
Jan 05, 2004
Secretary of State

Current Principal Place of Business:

1456 WILLIAM STREET
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P O BOX 785
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 59-3740232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, THOMAS
5240 ROYAL OAK DRIVE
FRUITLAND PARK, FL 34731

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: PD () Delete
Name: YOUNG, THOMAS
Address: 5240 ROYAL OAK DRIVE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: T () Delete
Name: HEARN, ROGER
Address: 10609 SUMMIT SQUARE LANDING
City-St-Zip: LEESBURG, FL 34788

Title: SD () Delete
Name: LOUCKS, PHYLLIS
Address: 1769 LAUREN LANE
City-St-Zip: LADY LAKE, FL 32159

Title: TD () Delete
Name: HEARN, SANDRA
Address: 10609 SUMMIT SQUARE LANDING
City-St-Zip: LEESBURG, FL 34788

Title: T () Delete
Name: LOUCKS, THOMAS
Address: 1769 LAUREN LANE
City-St-Zip: LADY LAKE, FL 32159

Title: T () Delete
Name: STAURT, DEAN
Address: 8 ABERDEEN CIRCLE
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: THOMAS N YOUNG

PRES

01/05/2004

Electronic Signature of Signing Officer or Director

Date