2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002519

FILED Apr 06, 2004 Secretary of State

Entity Name: THE REDEEMED CHRISTIAN CHURCH OF GOD; TAMPA BAY OUTREACH CENTER INC.

Current Principal Place of Business: New Principal Place of Business: 7675 56TH STREET TAMPA, FL 33617 **Current Mailing Address: New Mailing Address:** 7675 56TH STREET TAMPA, FL 33617 FEI Number: 30-0099625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHYNGLE, FELA 3325 PINE TOP DRIVE VALRICO, FL 33594 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SHYNGLE, FELA PASTOR Name: Name: 3325 PINETOP DR. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: PD Title: PD (X) Change () Addition () Delete SHYNGLE, CATHERINE AST PAS Name: SHYNGLE, CATHERINE A. PAST Name: Address: 3325 PINETOP DR. Address: 3325 PINETOP DR. City-St-Zip: VALRICO, FL 33594 City-St-Zip: VALRICO, FL 33594 Title: () Delete Title: () Change () Addition AGBEDE, BOLAJI DEACON Name: Name: 1324 FLAXWOOD AVENUE Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition Name: AFOLABI, DOKUN DEACON Name: Address: 27652 BREAKERS DR. Address: City-St-Zip: WESLEY CHAPEL, FL 33543 City-St-Zip: Title: () Delete Title: (X) Change () Addition ABALIHI, ALFRED C MINISTE AGBEDE, ENIOLA DEACON Name: Name: 8415 LINCOLN COVE DR 1324 FLAXWOOD AVENUE Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: BRANDON, FL 33511 Title: () Delete Title: () Change (X) Addition AFOLABI, ADENRELE A DEACON Name: Name: Address: Address: 27652 BREAKERS DRIVE WESLEY CHAPEL, FL 33543 City-St-Zip: 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: CATHERINE SHYNGLE PD 04/06/2004