

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002519

FILED
Apr 18, 2005
Secretary of State

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

Current Principal Place of Business:

7675 56TH STREET
TAMPA, FL 33617

New Principal Place of Business:

5610 E. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33619

Current Mailing Address:

7675 56TH STREET
TAMPA, FL 33617

New Mailing Address:

5610 E. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33619

FEI Number: 30-0099625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHYNGLE, FELA
3325 PINE TOP DRIVE
VALRICO, FL 33594 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: PD () Delete
Name: SHYNGLE, FELA PASTOR
Address: 3325 PINETOP DR.
City-St-Zip: VALRICO, FL 33594

Title: PD () Delete
Name: SHYNGLE, CATHERINE A. PAST
Address: 3325 PINETOP DR.
City-St-Zip: VALRICO, FL 33594

Title: SD () Delete
Name: AGBEDE, BOLAJI DEACON
Address: 1324 FLAXWOOD AVENUE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: AFOLABI, DOKUN DEACON
Address: 27652 BREAKERS DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D (X) Delete
Name: AGBEDE, ENIOLA DEACON
Address: 1324 FLAXWOOD AVENUE
City-St-Zip: BRANDON, FL 33511

Title: D (X) Delete
Name: AFOLABI, ADENRELE A DEACON
Address: 27652 BREAKERS DRIVE
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: SHYNGLE, CATHERINE A. PAST
Address: 3325 PINETOP DR.
City-St-Zip: VALRICO, FL 33594

Title: SD (X) Change () Addition
Name: TURKSON, RITA
Address: 18208 STILLWELL LANE
City-St-Zip: TAMPA, FL 33647

Title: SD (X) Change () Addition
Name: OGODO, DIAMOND A. PAST
Address: 7309 BRIDGEVIEW CIRCLE APT. 201
City-St-Zip: TAMPA, FL 33634

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: FELA SHYNGLE

PD

04/18/2005

Electronic Signature of Signing Officer or Director

Date