

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003862

FILED
May 16, 2005
Secretary of State

Entity Name: REDEEMED OF CHRIST MINISTRIES, INC.

Current Principal Place of Business:

1523 SATSUMA ST
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

12693 OAK ST
LARGO, FL 33774

New Mailing Address:

FEI Number: 03-0445805 **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:

DROLET, DENNIS
12693 OAK ST.
LARGO, FL 33774 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: PT () Delete
Name: ACKER, MATTHEW G
Address: 1523 SATSUMA ST
City-St-Zip: CLEARWATER, FL 33756

Title: VT () Delete
Name: DROLET, DENNIS R
Address: 12693 OAK ST
City-St-Zip: LARGO, FL 33774

Title: T () Delete
Name: ACKER, LISA
Address: 1523 SATSUMA ST
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ACKER, MATTHEW G
Address: 1523 SATSUMA ST
City-St-Zip: CLEARWATER, FL 33756

Title: VP (X) Change () Addition
Name: DROLET, DENNIS R
Address: 12693 OAK ST
City-St-Zip: LARGO, FL 33774

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

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: DENNIS DROLET

VP

05/16/2005

Electronic Signature of Signing Officer or Director

Date