NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State
03-26-2003 90153 046 ****61.25

DOCUMENT # N02000003862

1. Entity Name
Redeemed of Christ Ministries, Inc.

DO NOT WRITE IN THIS SPACE

55038912
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Southwest Recreation Center	10103 Sailwinds Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 206
City & State: Largo	City & State: Largo, Fl
Zip: 33774 Country: US	Zip: 33773 Country: US

4. FEI Number 03-0445805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Dennis Drolet

Street Address (P.O. Box Number is Not Acceptable): 12693 Oak St

City: Largo FL Zip Code: 33774

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: D. L. Drolet 3/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Matt Acker 10103 Sailwinds Blvd #206 Largo, FL 33773 (T)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Dennis Drolet 12693 Oak St. Largo, Fl 33774 (T)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dennis Drolet 12693 Oak St Largo, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LISA ACKER (T) 10103 SAILWINDS BLVD. N 206 LARGO FL 33773
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: D. L. Drolet 3/23/03 727-517-0473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #