

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

03-25-2004 90044 030 ****70.00

DOCUMENT # N02000006376 1. Entity Name THE REDEEMED CHRISTIAN CHURCH OF GOD, JESUS SANCTUARY, INC.					
Principal Place of Business PO BOX 720035 ORLANDO FL 32872-0035			Mailing Address PO BOX 720035 ORLANDO FL 32872-0035		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc. ☒		Suite, Apt. #, etc. ☒			
City & State ☒		City & State ☒			
Zip ☒	Country ☒	Zip ☒	Country ☒	4. FEI Number 02-0638466	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NWOKOYE, GEORGE C PASTOR 4003 MEANDERING CT ORLANDO FL 32822			7. Name and Address of New Registered Agent Name <i>Same as left</i> Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLAOYE, GHANDI ☒ Delete 919/921 PHILADELPHIA AVE SILVER SPRING MD 20910		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTOR GEORGE C. NWOKOYE ☒ Change ☐ Addition 4003 MEANDERING CT ORLANDO FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FADELE, JAMES ☒ Delete 13980 GREENFIELD DETROIT MI 48227		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MRS. UCHE O. NWOKOYE ☐ Change ☒ Addition 4003 MEANDERING CT ORLANDO FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSAKWE, EMMANUEL ☒ Delete 1449 S. MARIETTA PKWY MARIETTA GA 30067		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mr. Edwin Chukwu ☐ Change ☒ Addition 4419 S. Semoran Blvd. #6 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NWOKOYE, GEORGE C ☒ Delete 5944 LAKE CHAMPLAIN DRIVE ORLANDO FL 32829		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ms. Jacqueline Warner ☐ Change ☒ Addition 10113 Eastmar Commons Bld #1331 Orlando, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mrs Mary Aregbesola ☐ Change ☒ Addition 12827 downstream circle Orlando, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>George C. Nwokoye</i> GEORGE C. NWOKOYE			407-282-3797		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		