2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90061 002 ****70.00

DOCUMENT # N02000006376

1. Entity Name

THE REDEEMED CHRISTIAN CHURCH OF GOD, JESUS SANCTUARY, INC.

Principal Place of Business	Mailing Address
PO BOX 720035 ORLANDO FL 32872-0035	PO BOX 720035 ORLANDO FL 32872-0035

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Same as above	Same as above
Suite, Apt. #, etc. ✓	Suite, Apt. #, etc. ✓
City & State ✓	City & State ✓
Zip ✓ Country ✓	Zip ✓ Country ✓

4. FEI Number 02-0638466 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NWOKOYE, GEORGE C PASTOR 4003 MEANDERING CT ORLANDO FL 32822	Name: Same as left hand side 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, 2005

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 NWOKOYE, GEORGE C PASTOR 4003 MEANDERING CT ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NWOKOYE, UCHE O MRS. 4003 MEANDERING CT ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHUKURA, EDWIN MR. 4419 S SEMORAN BLVD #6 ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARNER, JACQUELINE MS. 10113 EASTMAR COMMONS BLVD #1331 ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AREGBESOLA, MARY MRS. 12827 DOWNSTREAM CIR. ORLANDO FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D Babashola Madariola Mr. 395 S. Wymore Rd, #207 Altamonte Springs, FL 32714
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: George C. Nwokoye 407-282-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
407-592-5190 Cell