

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90471 020 ****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 - No P.O. Box # Same as above		3. Mailing Address Same as above			
Suite, Apt. #, etc. <input checked="" type="checkbox"/>		Suite, Apt. #, etc. <input checked="" type="checkbox"/>			
City & State <input checked="" type="checkbox"/>		City & State <input checked="" type="checkbox"/>			
Zip <input checked="" type="checkbox"/>	Country <input checked="" type="checkbox"/>	Zip <input checked="" type="checkbox"/>	Country <input checked="" type="checkbox"/>	04252007 Chg-NP CR2E037 (12/06)	
4. FEI Number 02-0638466				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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: Same as left hand side Street Address (P.O. Box Number is Not Acceptable) <input checked="" type="checkbox"/> City: <input checked="" type="checkbox"/> FL Zip Code: <input checked="" type="checkbox"/>		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NWOKOYE, UCHE O MRS. 4003 MEANDERING CT ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUKURA, EDWIN MR. 4419 S SEMORAN BLVD #6 ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APAMPA, LOLA MS 403 GREEN SPRINGS CIR WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADARIOLA, BABASHOLA MR 395 S WYMORE RD, #207 ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ejam Emmanuel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1648 Amaryllis Circle Orlando, FL 32825	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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			4-23-07 407-282-3797 407-592-5197		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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