2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006376

FILED Apr 30, 2008 Secretary of State

Entity Name: THE REDEEMED CHRISTIAN CHURCH OF GOD, JESUS SANCTUARY, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 720035 4765 SOUTH GOLDENROD ROAD ORLANDO, FL 328720035 SUITE#3 ORLANDO, FL 32822 **Current Mailing Address: New Mailing Address:** PO BOX 720035 ORLANDO, FL 328720035 FEI Number: 02-0638466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NWOKOYE, GEORGE C PASTOR 4003 MEANDERING CT ORLANDO, FL 32822 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NWOKOYE, GEORGE C PASTOR Name: Name: 4003 MEANDERING CT Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: Title: () Delete () Change () Addition NWOKOYE, UCHE O MRS. Name: Name: Address: 4003 MEANDERING CT Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: (X) Change () Addition CHUKURA, EDWIN MR. Name: GLADYS, OKALI MRS. Name: 4419 S SEMORAN BLVD #6 1953 BUCHANAN BAY CIRCLE, APT #107 Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32839 Title: () Delete Title: () Change () Addition Name: APAMPA, LOLA MS Name: 403 GREEN SPRINGS CIR Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: Title: () Delete Title: (X) Change () Addition EMMANUEL, EJAM BOLAJI, ADISA MR Name: Name: 1648 AMARYLLIS CIRCLE 629 BUCKINGHAM DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PASTOR GEORGE C. NWOKOYE D 04/30/2008