2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N02000006376

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

Current Principal Place of Business:

4765 SOUTH GOLDENROD ROAD
SUITE # 3
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

PO BOX 720035
ORLANDO, FL 328720035

New Mailing Address:

FEI Number: 02-0638466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NWOKOYE, GEORGE C PASTOR
4003 MEANDERING CT
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: NWOKOYE, GEORGE C PASTOR
Address: 4003 MEANDERING CT
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete
Name: NWOKOYE, UCHE O MRS.
Address: 4003 MEANDERING CT
City-St-Zip: ORLANDO, FL 32822

Title: D ( ) Delete
Name: GLADYS, OKALI MRS.
Address: 1953 BUCHANAN BAY CIRCLE, APT #107
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete
Name: APAMPA, LOLA MS
Address: 403 GREEN SPRINGS CIR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Delete
Name: BOLAJI, ADISA MR
Address: 629 BUCKINGHAM DRIVE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: COMFORT, BUKOLA MRS.
Address: 401 AUGUSTINE COURT
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition
Name: BOLAJI, ADISA MR.
Address: 629 BUCKINGHAM DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GEORGE C. NWOKOYE D 04/24/2009

Electronic Signature of Signing Officer or Director — Date