

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001008 1. Entity Name REDEEMED INTERNATIONAL OUTREACH CENTER INC.			
Principal Place of Business 1202 MADINSON STREET PALATKA, FL 32177		Mailing Address 1202 MADINSON STREET PALATKA, FL 32177	
2. Principal Place of Business 1202 N. Madison St Suite, Apt. #, etc.		3. Mailing Address 1202 N. Madison St Suite, Apt. #, etc.	
City & State PALATKA FLA Zip 32177		City & State PALATKA FLA Zip 32177	
Country Putnam		Country Putnam	
4. FEI Number 01-0743759		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, WINIFRED- 1202 MADINSON STREET PALATKA, FL 32177		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>	
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 Winifred Johnson <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Winifred Johnson <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 10/1/04		DATE	
Filing Fee is \$61.25 Due by September 8, 2004		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 PT	NAME JOHNSON, WINIFRED	TITLE PT	NAME JOHNSON, WINIFRED
STREET ADDRESS 1202 MADISON ST.	CITY-ST-ZIP PALATKA, FL 32177	STREET ADDRESS 1202 MADISON ST.	CITY-ST-ZIP PALATKA, FL 32177
TITLE V	NAME JOHNSON, SHAWN J	TITLE V	NAME JOHNSON, SHAWN J
STREET ADDRESS 1202 MADISON ST.	CITY-ST-ZIP PALATKA, FL 32177	STREET ADDRESS 1202 MADISON ST.	CITY-ST-ZIP PALATKA, FL 32177
TITLE SAT	NAME SIKES, JANET J	TITLE SAT	NAME ROSETTA ELIZABETH GADSON
STREET ADDRESS 1202 MADISON ST.	CITY-ST-ZIP PALATKA, FL 32177	STREET ADDRESS 1010 BROWN ST #9	CITY-ST-ZIP PALATKA FLA 32177
TITLE D	NAME ROBINSON, LESSELL	TITLE D	NAME ROBINSON, LESSELL
STREET ADDRESS 507 CRILL AVE.	CITY-ST-ZIP PALATKA, FL 32177	STREET ADDRESS 601 MOSLEY AVE	CITY-ST-ZIP PALATKA, FLA 32177
TITLE D	NAME EBERSOHL, VERNON	TITLE D	NAME EBERSOHL, VERNON
STREET ADDRESS 209 BASS TRIAL	CITY-ST-ZIP CRESCENT CITY, FL 32112	STREET ADDRESS 209 BASS TRIAL	CITY-ST-ZIP CRESCENT CITY, FL 32112
TITLE D	NAME MOSS, JAMES	TITLE D	NAME MOSS, JAMES
STREET ADDRESS 110 MARTIN STREET, APT 1	CITY-ST-ZIP HARTFORD, CT 06120	STREET ADDRESS 601 MOSLEY AVE	CITY-ST-ZIP PALATKA FLA 32177
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: Lessell Robinson <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 10/1/04 <small>Date</small>	
Daytime Phone #		Daytime Phone #	

FILED

04 OCT -4 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09012004 Chg-NP CR2E037 (10/03)

4. FEI Number
01-0743759
 Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent

Name
 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 **Winifred Johnson**
Signature, typed or printed name of registered agent and title if applicable.
 DATE **10/1/04**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by September 8, 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
PT
 NAME
JOHNSON, WINIFRED
 STREET ADDRESS
1202 MADISON ST.
 CITY-ST-ZIP
PALATKA, FL 32177

TITLE
V
 NAME
JOHNSON, SHAWN J
 STREET ADDRESS
1202 MADISON ST.
 CITY-ST-ZIP
PALATKA, FL 32177

TITLE
SAT
 NAME
SIKES, JANET J
 STREET ADDRESS
1202 MADISON ST.
 CITY-ST-ZIP
PALATKA, FL 32177

TITLE
D
 NAME
ROBINSON, LESSELL
 STREET ADDRESS
507 CRILL AVE.
 CITY-ST-ZIP
PALATKA, FL 32177

TITLE
D
 NAME
EBERSOHL, VERNON
 STREET ADDRESS
209 BASS TRIAL
 CITY-ST-ZIP
CRESCENT CITY, FL 32112

TITLE
D
 NAME
MOSS, JAMES
 STREET ADDRESS
110 MARTIN STREET, APT 1
 CITY-ST-ZIP
HARTFORD, CT 06120

TITLE
D
 NAME
ROSETTA ELIZABETH GADSON
 STREET ADDRESS
1010 BROWN ST #9
 CITY-ST-ZIP
PALATKA FLA 32177

TITLE
D
 NAME
ROBINSON, LESSELL
 STREET ADDRESS
601 MOSLEY AVE
 CITY-ST-ZIP
PALATKA, FLA 32177

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: **Lessell Robinson**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE **10/1/04**
Date
 Daytime Phone #