

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001008

FILED
Sep 07, 2006
Secretary of State

Entity Name: REDEEMED INTERNATIONAL OUTREACH CENTER INC.

Current Principal Place of Business:

1202 N MADISON ST
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

1202 N MADISON ST
PALATKA, FL 32177

New Mailing Address:

FEI Number: 01-0743759 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, WINIFRED
1202 MADINSON STREET
PALATKA, FL 32177 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: PT () Delete
Name: JOHNSON, WINIFRED
Address: 1202 MADISON ST.
City-St-Zip: PALATKA, FL 32177

Title: V () Delete
Name: JOHNSON, SHAWN J
Address: 1202 MADISON ST.
City-St-Zip: PALATKA, FL 32177 SA

Title: SAT () Delete
Name: BRYANT, CATRINA
Address: 506 N. 22 ST APT. C-174
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: ROBINSON, LESSELL
Address: 601 MOSELEY AVE
City-St-Zip: PALATKA, FL 32177

Title: D (X) Delete
Name: ROBINSON, ANNIE L
Address: 507 CRILL AVE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: MCCracken, ANGELA W
Address: 507 CRILL AVE
City-St-Zip: PALATKA, FL 32177 SA

Title: SAT (X) Change () Addition
Name: HICKEY, DONALD
Address: 1202 N. MADISON ST.
City-St-Zip: PALATKA, FL 32177

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WINIFRED JOHNSON

OWEN

09/07/2006

Electronic Signature of Signing Officer or Director

Date