2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N03000001008

Entity Name: REDEEMED INTERNATIONAL OUTREACH CENTER INC.

Current Principal Place of Business:

200 MIMOSA DR.
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

200 MIMOSA DR.
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
200 MIMOSA DR.
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: 200 MIMOSA DR.
City-St-Zip: PALATKA, FL 32177

Title: VP ( ) Delete
Name: MANALISAY, LISA
Address: P.O.BOX 144
City-St-Zip: ST AUGUSTINE, FL 32085

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

Title: D (X) Delete
Name: ANGELA, MCCRACKEN W
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ANGELA, MCCRACKEN W
Address: .507 CRILL AVE
City-St-Zip: PALATKA, FL 32177

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: WINIFRED JOHNSON PT 05/02/2008

Electronic Signature of Signing Officer or Director — Date