

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000001008

FILED  
Feb 26, 2014  
Secretary of State

**Entity Name:** REDEEMED INTERNATIONAL OUTREACH CENTER INC.

**Current Principal Place of Business:**

200 MIMOSA DR.  
PALATKA, FL 32177

**New Principal Place of Business:**

5015 CRILL AVE  
105  
PALATKA, FL 32177

**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 ( )**

**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: WINIFRED ROBINSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ROBINSON, WINIFRED  
Address: 200 MIMOSA DR.  
City-St-Zip: PALATKA, FL 32177

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

Title: S  
Name: ANGELA, MCCracken W  
Address: 507 CRILL AVE  
City-St-Zip: PALATKA, FL 32177

Title: VP  
Name: BIAS, JAMES E  
Address: 5892 CANADA ST  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D  
Name: WILLIAMS, THALIA  
Address: P.O.BOX 932  
City-St-Zip: PALATKA, FL 32178

I hereby 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 all other like empowered.

SIGNATURE: WINIFRED ROBINSON

P

02/26/2014

Electronic Signature of Signing Officer or Director

Date