

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N03000001011</b> 1. Entity Name <b>REDEEMED INTERNATIONAL WORSHIP CENTER INC.</b>				<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">OCT -4 PM 2:15</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: right; margin-top: 10px;">JA</div>	
Principal Place of Business <b>1202 MADINSON STREET PALATKA, FL 32177</b>		Mailing Address <b>1202 MADINSON STREET PALATKA, FL 32177</b>			
2. Principal Place of Business <b>1202 N. Madison ST</b>		3. Mailing Address <b>1202 N. Madison ST</b>			
Suite, Apt. #, etc. <b>Palatka Flc 32177</b>		Suite, Apt. #, etc. <b>PA</b>			
City & State <b>Palatka Flc 32177</b>		City & State <b>Palatka Flc</b>			
Zip <b>32177</b>		Country <b>Putnam</b>		4. FEI Number <div style="display: flex; justify-content: space-between;"> <span>09012004 Chg-NP</span> <span>CR2E037 (10/03) (CAN IN)</span> </div>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name <b>Johnson, Shawn J</b> Street Address (P.O. Box Number is Not Acceptable) <b>1202 Madison ST</b> City <b>Palatka</b> FL Zip Code <b>32177</b>	
6. Name and Address of Current Registered Agent <b>JOHNSON, SHAWN J 200 MIMOSA DR. PALATKA, FL 32177</b>					
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 <b>Shawn Johnson</b>		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE <b>10/1/04</b>	
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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE <b>PT</b> NAME <b>Johnson, Shawn J</b> STREET ADDRESS <b>1202 N. Madison ST</b> CITY-ST-ZIP <b>Palatka Flc 32177</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>V</b> NAME <b>Johnson, Winfred</b> STREET ADDRESS <b>1202 N. Madison ST</b> CITY-ST-ZIP <b>Palatka Flc</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SAT</b> NAME <b>Rosetta Elizabeth Gadsen</b> STREET ADDRESS <b>1010 Bronson ST #9</b> CITY-ST-ZIP <b>Palatka Flc 32177</b>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Shawn Johnson</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>10/1/04</b> Daytime Phone #	