


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90329 004 ****61.25

DOCUMENT # N03000002304 1. Entity Name REDEMPTION EVANGELICAL BAPTIST CHURCH, INC.					
Principal Place of Business 900 N.E. 132ND STREET NORTH MIAMI FL 33161			Mailing Address 1150 N.E. 143RD STREET NORTH MIAMI FL 33161		
2. Principal Place of Business 900 NE 132 st Suite, Apt. #, etc.		3. Mailing Address 1150 NE 143 st Suite, Apt. #, etc.			
City & State N. Mia FL Zip 33161 Country Dade		City & State N. Mia FL Zip 33161 Country Dade		4. FEI Number 80-0058570 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/04)	
6. Name and Address of Current Registered Agent BJC FITNESS EQUIPMENT SERVICE, CORP. 1240 N.E. 204TH STREET MIAMI FL 33179			7. Name and Address of New Registered Agent BJC FITNESS EQUIPMENT SERVICE, Corp Street Address (P.O. Box Number is Not Acceptable) 1240 NE 204 st Mia FL 33179 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	P LABRANCHE, RANAUD 1150 NE 143 ST N HIALEAH FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIERRE, SAINTOLEME 12200 NW 20 AVE N MIAMI FL 33167 <input type="checkbox"/> Delete DEAD 11-14-04	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREDERIC, OTHENISE L 610 NE 123 ST N MIAMI FL 33169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M LOUIS-JEUNE, JEAN C 480 NE 164 ST N MIAMI BCH FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Doamisa Louima 202 NE 90th Mia Shore FL Treasury <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: _____ LANAW LABRANCHE 04-10-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					