

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90033 029 \*\*\*\*61.25

**DOCUMENT # N03000002304**

1. Entity Name

REDEMPTION EVANGELICAL BAPTIST CHURCH, INC.



Principal Place of Business

900 N.E. 13TH STREET  
NORTH MIAMI FL 33161

Mailing Address

1150 N.E. 143RD STREET  
NORTH MIAMI FL 33161



2. Principal Place of Business

13525 Memorial Hwy

Suite, Apt. #, etc.

3. Mailing Address

1150 N.E. 143rd

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

N. Mia FLA

City & State

N. Mia FL

4. FEI Number

80-0058570

Applied For

Not Applicable

Zip

33161

Country

Dade

Zip

33161

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BJC FITNESS EQUIPMENT SERVICE, CORP.  
1240 N.E. 204 STREET  
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

Lanand Labranche

Street Address (P.O. Box Number is Not Acceptable)

City

N. Mia FL

FL

Zip Code

33161

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME LABRANCHE, LANAUD ☐ Delete  
STREET ADDRESS 1150 NE 143 ST  
CITY-ST-ZIP N HIALEAH FL 33161 Pastor

TITLE T  
NAME LOREIMA, DOAMISE ☐ Delete  
STREET ADDRESS 202 NE 90 ST  
CITY-ST-ZIP MIAMI SHORES FL Treasury

TITLE S  
NAME FREDERIC, OTHENISE L ☐ Delete  
STREET ADDRESS 610 NE 123 ST  
CITY-ST-ZIP N MIAMI FL 33169 Secretary

TITLE M  
NAME LOUIS-JEUNE, JEAN C ☐ Delete  
STREET ADDRESS 480 NE 184 ST  
CITY-ST-ZIP N MIAMI BCH FL 33162

TITLE ☐ Delete  
NAME MARIE V. LABRANCHE  
STREET ADDRESS 1150 N.E. 143 ST  
CITY-ST-ZIP N. MIA FL 33161 (MEMBER)

NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

LANAUD LABRANCHE