


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

09-13-2007 90002 033 \*\*\*\*61.25

<b>DOCUMENT # N03000002304</b>	
1. Entity Name REDEMPTION EVANGELICAL BAPTIST CHURCH, INC.	

Principal Place of Business 13525 MEMORIAL HWY NORTH MIAMI, FL 33161	Mailing Address 1150 N.E. <del>ALFORD</del> STREET NORTH MIAMI, FL 33161 <i>1150 N.E. 143<sup>ST</sup></i>
----------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

500018008

2. Principal Place of Business - No P.O. Box # <i>13525 Memorial Hwy</i>	3. Mailing Address <i>1150 NE 143<sup>ST</sup></i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



06112007 Chg-NP CR2E037 (12/06)

City & State <i>N. Mia FLA</i>	City & State <i>N. Mia FL</i>
Zip <i>33161</i>	Zip <i>33161</i>
Country <i>Dade</i>	Country <i>Dade</i>

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
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LABRANCHE, LANAUD 1150 NE <del>143</del> ST <i>143<sup>ST</sup></i> MIAMI, FL 33161		Name <i>Lanoud Labranche</i> Street Address (P.O. Box Number is Not Acceptable) <i>1150 NE 143<sup>ST</sup></i> City <i>N. Mia</i> FL Zip Code <i>33161</i>	

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 reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
------------------------------------------------------------------	-------------------------------------------------------------------------------------	-----------------------------	-------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LABRANCHE, LANAUD 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 LOREIMA, DOAMISE 202 NE 90 ST MIAMI SHORES, FL <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	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 LABRANCHE, MARIE V 1150 NE 163 ST MIAMI, 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	<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 exemptions contained 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 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: *Lanoud Labranche* 08-29-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #