APR-29-2008 05:14 PM E&C MULTI SERVICES

FILED
May 23, 2008 8:00 am
Secretary of State
05-23-2008 90019 049 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000002304

1. Entity Name
REDEMPTION EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
13525 MEMORIAL HWY NORTH MIAMI, FL 33161	1150 N.E. 143RD STREET NORTH MIAMI, FL 33161

4UU49336

04292008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0058570
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LABRANCHE, LANAUD
1150 NE 143 ST
MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

04-29-08

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LABRANCHE, LANAUD
STREET ADDRESS	1150 NE 143 ST
CITY-ST-ZIP	N HIALEAH, FL 33161
TITLE	T
NAME	LOREIMA, DOAMISE
STREET ADDRESS	202 NE 90 ST
CITY-ST-ZIP	MIAMI SHORES, FL
TITLE	S
NAME	FREDERIC, OTHENISE L
STREET ADDRESS	610 NE 123 ST
CITY-ST-ZIP	N MIAMI, FL 33169
TITLE	M
NAME	LABRANCHE, MARIE V
STREET ADDRESS	1150 NE 163 ST
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	Secretary: ~~Sa Angeline~~ Gelfrand
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Evengeline Gelfrand (Secretary)
NAME	
STREET ADDRESS	2080 Preserve Way
CITY-ST-ZIP	Miramar, Fl 33025

DO NOT WRITE IN THIS SPACE

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: Lanaud Labranche 04-29-08 786-389-9851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #