
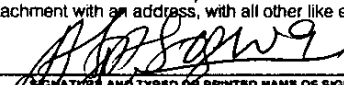


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90149 045 \*\*\*\*70.00

<b>DOCUMENT # N03000005518</b> 1. Entity Name <b>REDEEMED CHRISTIAN CHURCH - GODS MERCY MISSION CENTER, INC.</b>			
Principal Place of Business <b>NW 13250 28TH AVE OPALOCKA, FL 33054</b>		Mailing Address <b>P. O. BOX 540361 OPALOCKA, FL 33054</b>	
2. Principal Place of Business <b>13850 NW 26 AVE</b>		3. Mailing Address <b>P. O. BOX 540361</b>	
Suite, Apt. #, etc. <b>2ND FLOOR</b>		Suite, Apt. #, etc. 	
City & State <b>OPA - LOCKA</b>		City & State <b>OPA - LOCKA, FLORIDA</b>	
Zip <b>33054</b>		Zip <b>33054</b>	
Country <b>MIAMI DADE</b>		Country <b>MIAMI DADE</b>	
4. FEI Number <b>05-0575158</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ASOGWA, ANTHONY 13250 B-NW 28 AVE. OPA LOCKA, FL 33054</b>		7. Name and Address of New Registered Agent Name <b>ASOGWA ANTHONY</b> Street Address (P.O. Box Number is Not Acceptable) <b>13380 NW 28 AVENUE OPA - LOCKA City OPA - LOCKA FL Zip Code 33054</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASOGWA, ANTHONY NW 13250 28TH AVE. OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASOGWA ANTHONY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13380 NW 28 AVE OPA - LOCKA, FL - 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERRETT, OLAJUMOKE NW 13250 28TH AVE. OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	F. A. ADEBOYE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13380 NW 28 AVE OPA - LOCKA, FL - 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IKEJIANI, EBERE NW 13250 28TH AVE. OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IKESIANI EBERE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2321 DUNHILL AVENUE MIRAMOR, FL - 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OYAPIRAN, BISI NW 13250 28TH AVE. OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCE EBERE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13380 NW 28 AVE OPA - LOCKA, FL - 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KECHUKWA, C.O. 13250 NW 28 AVE. OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESIOBU NWADUDU <input type="checkbox"/> Change <input type="checkbox"/> Addition 2620 BOGOTTA AVENUE COOPER CITY, FL - 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKOLI-KING, KAVIN 777 NW 155 LANE, APT. 506 OPALOCKA, FL 33054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MUBO, LILA <input type="checkbox"/> Change <input type="checkbox"/> Addition 13380 NW 28 AVENUE OPA - LOCKA, FL - 33054
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.			
<b>SIGNATURE:</b> 		4-8-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	