


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005518</b>	
1. Entity Name <b>REDEEMED CHRISTIAN CHURCH - GODS MERCY MISSION CENTER, INC.</b>	

Principal Place of Business <b>13850 NW 26TH AVE 2ND FLOOR OPA LOCKA, FL 33054</b>	Mailing Address <b>P. O. BOX 540361 OPALOCKA, FL 33054</b>
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03012006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>05-0575158</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ASOGWA, ANTHONY 13380 NW 28TH AVENUE OPA LOCKA, FL 33054</b>
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**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, 2006**

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

000000469808  
03/27/06-80014-011 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASOGWA, ANTHONY 13380 NW 28TH AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADEBOYE, F A 13380 NW 28TH AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERE, IKESIANI 2321 DUNHILL AVENUE MIRAMARI, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE, EBEDE 13380 NW 28TH AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NWASIUTO, ESIORU 2520 BOGOTA AVENUE COOPER CITY, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LALA, MUBO 13380 NW 28TH AVENUE OPA LOCKA, FL 33054

**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:  **3-12-06**  
Typed or printed name of signing officer or director Date Daytime Phone #