2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010181

FILED Mar 30, 2004 Secretary of State

Entity Name: THE UNITED CHURCH OF THE REDEEMED AND MINISTRIES, INC.

| Current Principal Place of Business: | | | | New Principal Place of Business: | | |
|---|--|--------------------------------|-------------|--|--|----------|
| | HAWTHORNE RNE, FL 3264 | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | |
| | HAWTHORNE RNE, FL 3264 | | | | | |
| FEI Number: | 38-3693967 | FEI Number Applied For() | FEI Numb | er Not Appli | icable () Certificate of Status Desired | l (X) |
| Name and | Address of C | urrent Registered Agent: | N | lame and | Address of New Registered Agent: | |
| HAWTHOF | HAWTHORNE RNE, FL 3264 named entity s | 0 | urpose of o | changing it | ts registered office or registered agent, o | or both, |
| SIGNATUF | | is Cianature of Degistered Age | nt. | | Data | |
| OFFICER | | ic Signature of Registered Age | | POITION | Date | FOTORS: |
| | S AND DIREC | IORS: | F | NOITION | S/CHANGES TO OFFICERS AND DIR | ECTORS: |
| Title: Name: Address: City-St-Zip: | D () GORHAM, SHE 16215 SE HAW HAWTHORNE, | THORNE RD | N A | itle: lame: .ddress: :ity-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | D () PINKNEY, MAR 2924 NE 14TH GAINESVILLE, | DR | N A | itle: lame: .ddress: city-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | D () GAY, WILLIE PO BOX 1346 HAWTHORNE, | Delete FL 32540 | N A | itle: lame: .ddress: city-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | () | Delete | N A | itle: lame: .ddress: city-St-Zip: | D () Change (X) Addition GORHAM, JAMES E 5 RODGERS PLACE PENSACOLA, FL 32506 | |
| Title: Name: Address: City-St-Zip: | () | Delete | N A | itle: lame: .ddress: .ity-St-Zip: | D () Change (X) Addition WASHINGTON, BOOKER T 1004 BENET CT HUNTSVILLE, AL 35808 | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLY M. GORHAM D 03/30/2004