## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL RESPORT (AR)

## **Secretary of State** DOCUMENT # N03000010181 09-06-2007 90012 029 \*\*\*\*61.25 1. Entity Name THE UNITED CHURCH OF THE REDEEMED AND MINISTRIES, INC. Principal Place of Business Mailing Address 40131559 16215 SE HAWTHORNE RD 2924 NE 14TH DR. HAWTHORNE FL 32640 GAINESVILLE FL 32609 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 2nd MOORE CR2E037 (4/07) City & State City & State Applied For 4. FEI Number 38-3693967 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINKNEY, MARCUS Street Address (P.O. Box Number is Not Acceptable) 2924 NE 14TH DR. GAINESVILLE FL 32609 Zip Code 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 Signature, typed or printed name of registered argont and tife if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By September 5, 2007 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ■ Addition ☐ Change TITLE Delete TITLE PINKNEY, MARCUS NAME NAME 2924 NE 14TH DR. STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32609 CITY - ST - ZIP CITY-ST-2IP Delete Change ☐ Addition THE HHE GAY, WILLIE NAME STREET ADDRESS STREET ADDRESS HAWTHORNE FL \$2540 CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Defete ☐ Change Addition GORHAM, SHELLY M NAME NAME 5 BODGEBS Pirr STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-ZIP Delete Addition 3100 ☐ Change TITLE GORHAM, JAMES E STREET ADDRESS 5 RODGERS PLACE STREET ADDRESS PENSACOLA FL 32506 CITY-ST-71P UITY-ST-ZIP 1016 Delete 11112 Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition THUE wanda Ellerbe STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Charactile Fla 32607 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

Parcus Finkney

8/5/07 (352) 283-3961

FILED

Sep 06, 2007 8:00 am