

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90022 007 ****63.00

DOCUMENT # N03000010181 1. Entity Name THE UNITED CHURCH OF THE REDEEMED AND MINISTRIES, INC.			
Principal Place of Business 16215 SE HAWTHORNE RD HAWTHORNE, FL 32640		Mailing Address 2924 NE 14TH DR. GAINESVILLE, FL 32609	
2. Principal Place of Business - No P.O. Box # <u>16215 S.E. Hawthorne Rd.</u>		3. Mailing Address <u>2924 N.E. 14th Dr.</u>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <u>Hawthorne Fla</u>		City & State <u>Gainesville Fla</u>	
Zip <u>32640</u>		Zip <u>32609</u>	
Country <u>Alachua</u>		Country <u>Alachua</u>	
4. FEI Number 38-3693967		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PINKNEY, MARCUS 2924 NE 14TH DR. GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name: <u>Marcus Pinkney</u> Street Address (P.O. Box Numbers Not Acceptable) <u>2924 N.E. 14th Drive</u> City: <u>Gainesville</u> FL Zip Code <u>32609</u>	
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: <u>Marcus Pinkney</u> DATE: <u>6/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PINKNEY, MARCUS 2924 NE 14TH DR. GAINESVILLE, FL 32609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ELLERBE, BERNARD 1221 SW 61ST TERR GAINESVILLE, FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GORHAM, SHELLY M 5 RODGERS PL PENSACOLA, FL 32506	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ELLERBE, WANDA 1221 SW 61ST TERR GAINESVILLE, FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Marcus Pinkney</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>6/26/08</u> (352) 219-3423 <small>Daytime Phone #</small>	