2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000483

FILED Apr 27, 2005 Secretary of State

Entity Name: REDEMPTION MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 1990 ALI-BABA AVENUE 1723 NW 78TH STREET OPA-LOCKA, FL 33054 MIAMI, FL 33147 **Current Mailing Address: New Mailing Address:** 1990 ALI-BABA AVENUE 1723 NW 78TH STREET OPA-LOCKA, FL 33054 MIAMI, FL 33147 FEI Number: 01-0800241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCCRA, WILLIE L MCCRAE, WILLIE L 19801 N.W. 5TH AVE. 19801 N.W. 5TH AVE MIAMI, FL 33169 MIAMI, FL 33169 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. SIGNATURE: WILLIE MCCRAE 04/27/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LOTT, FRANCISCO W Name: Name: Address: 2347 N.W. 55TH TERRACE Address: City-St-Zip: MIAMI, FL 33142 City-St-Zip: Title: () Delete Title: () Change () Addition FOSTER, CONNIE Name: Name: Address: 1600 N.W. 4TH AVE., #16G Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: () Delete Title: () Change () Addition CHAPMAN, ANNIE Name: Name: 2363 N.W. 63RD STREET Address: Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip: Title: () Delete Title: () Change () Addition WHITE, PATRICIA Name: Name: Address: 2101 N.W. 82ND STREET Address: City-St-Zip: MIAMI, FL 33147 City-St-Zip:

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: WILLIE L. MCCRAE D 04/27/2005