

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004766

FILED
May 11, 2008
Secretary of State

Entity Name: REDEEMING WORD OF TRUTH MINISTRIES, INC.

Current Principal Place of Business:

42 SPINNING WHEEL LANE
TAMARAC, FL 33319

New Principal Place of Business:

Current Mailing Address:

42 SPINNING WHEEL LANE
TAMARAC, FL 33319

New Mailing Address:

FEI Number: 16-1698689 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LENNOX, SHARON
42 SPINNING WHEEL LANE
TAMARAC, FL 33319 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LENNOX, SHARON
Address: 42 SPINNING WHEEL LANE
City-St-Zip: TAMARAC, FL 33319

Title: D () Delete
Name: GOFFE, SYLVESTER
Address: WHITEROAD HAYLES
City-St-Zip: CLARENDON, JA

Title: TD () Delete
Name: GOFFE, CARLINGTON
Address: 2715 NE 49TH ST. STE. 206
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SD () Delete
Name: LEWIS, MARYLENE
Address: 5962 NW 21 ST UNIT 53-E
City-St-Zip: FORT LAUDERDALE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHARON LENNOX

PD

05/11/2008

Electronic Signature of Signing Officer or Director

Date