2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2009
Secretary of State

DOCUMENT# N04000004766

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:

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

Name and Address of New Registered Agent:

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 05/14/2009

Electronic Signature of Signing Officer or Director — Date