

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011163

FILED
May 05, 2007
Secretary of State

Entity Name: REDEEMED MINISTRIES, INC.

Current Principal Place of Business:

2122 SEWARD DR.
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

2122 SEWARD DR.
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 02-0734203 **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:

WIGGS, RICKY
2122 SEWARD DR.
SARASOTA, FL 34234 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: D () Delete
Name: WIGGS, CARLA
Address: 2122 SEWARD DR
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: DAVIS, VIOLET
Address: 1313 WAIKIKI WAY
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: OWENS, MARY
Address: P.O. BOX 3102
City-St-Zip: SARASOTA, FL 34230

Title: D () Delete
Name: REDDING, RICHARD
Address: 2653 22ND ST.
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: HARVEY, TREVOR
Address: 2752 21ST ST.
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: OLIVER, EDWINA
Address: 1716 TARPON AVE.
City-St-Zip: SARASOTA, FL 34234

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
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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: CARLA WIGGS

DIR

05/05/2007

Electronic Signature of Signing Officer or Director

Date