


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # N05000004737 1. Entity Name REDEMPTION HOLY TABERNACLE CHRISTIAN MINISTRIES, INC.	
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01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2802665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GREEN, SYLVESTER A 3515 NW 23 CT LAUDERDALE LAKES, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREEN, SYLVESTER A 3515 NW 23 CT LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY GREEN, BASANTHA 3515 NW 23 CT LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BECKFORD, VALDINE 3515 NW 23 CT LAUDERDALE LAKES, FL 33311
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01/10/07-80044-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Basantha Green 1-4-07 954 485 0219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #