2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT				FILED		
DOCUMENT # N050 1. Enlity Name REDEMPTION HOLY TABER MINISTRIES, INC.		Feb 27, 2008 08:00 AM Secretary of State				
Principal Place of Business 3515 NW 23 CT LAUDERDALE LAKES, FL 33311 US	Mailing Address 3515 NW 23 CT LAUDERDALE LAKES, FL 333	311 US				
DO NOT WRITE IN THIS SPACE			02242008 4. FEI Numbe 20-2802	No Chg-NP CR2E037 (4/06)		
GREEN, SYLVESTER A 3515 NW 23 CT LAUDERDALE LAKES, FL 33311				NOT WRITE HIS SPACE		
3. The above named entity submits this since the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered.	· · · · · · · · · · · · · · · · · · ·	ered office or register	· · · · · ·	h, in the State of Florida. I am familiar with, and accept		
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees	000000841779 03/11/08-80002-007 61.25		
TITLE P NAME GREEN, SYLVESTER / STREET ADDRESS 3515 NW 23 CT CTY-ST-ZP LAUDERDALE LAKES, ITILE SECY NAME GREEN, BASANTHA STREET ADDRESS 3515 NW 23 CT CTY-ST-ZP LAUDERDALE LAKES, ITILE TREA NAME BECKFORD, VALDINE STREET ADDRESS 3515 NW 23 CT CTY-ST-ZP LAUDERDALE LAKES, ITILE TREA NAME BECKFORD, VALDINE STREET ADDRESS GTY-ST-ZP ITILE NAME STREET ADDRESS CTY-ST-ZP CTY-ST-ZP LAUDERDALE LAKES, TTILE STREET ADDRESS CTY-ST-ZP CTY-ST-ZP	GREEN, SYLVESTER A JDRESS 3515 NW 23 CT LAUDERDALE LAKES, FL 33311 SECY GREEN, BASANTHA JORESS 3515 NW 23 CT LAUDERDALE LAKES, FL 33311 TREA BECKFORD, VALDINE JDRESS JP LAUDERDALE LAKES, FL 33311			NOT WRITE THIS SPACE		
NAME STREET ADDRESS C/TY-ST-ZIP				···· · · · · · · · · · · · · · · · · ·		
SIGNATURE:	al report is true and accurate and that my sign istee empowered to execute this report as required address, with all other like empowered.	uiture'shall have the i uired by Chapter 617	same legal effect	Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director s; and that my name appears in Block 10 or Block 11 if 0 8 954 -485-0 219		
	TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE	CTOR		Date Daytme Phone #		