

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011442

FILED  
Feb 26, 2007  
Secretary of State

Entity Name: REDEMPTION MINISTRIES, INC.

## Current Principal Place of Business:

4609 HORSESHOEPICK LANE  
VALRICO, FL 33594

## New Principal Place of Business:

755 WEST LUMSDEN ROAD  
BRANDON, FL 33511

## Current Mailing Address:

4609 HORSESHOEPICK LANE  
VALRICO, FL 33594

## New Mailing Address:

P O BOX 2756  
VALRICO, FL 33594

FEI Number: 20-3786227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SELIGMILLER, JULIETTE  
4609 HORSESHOEPICK LANE  
VALRICO, FL 33594 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: JULIETTE SELIGMILLER

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SELIGMILLER, CHRISTOPHER A SR  
Address: 4609 HORSESHOEPICK LANE  
City-St-Zip: VALRICO, FL 33594

Title: VD ( ) Delete  
Name: SELIGMILLER, JULIETTE  
Address: 4609 HORSESHOEPICK LANE  
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete  
Name: CLARK, EDDERICK  
Address: 4609 HORSESHOEPICK LANE  
City-St-Zip: VALRICO, FL 33594

Title: T ( ) Delete  
Name: JONES-SANKOFA, NYAME M  
Address: P.O. BOX 11518  
City-St-Zip: TAMPA, FL 33680

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: STEVENSON, SHARLENE  
Address: 755 WEST LUMSDEN ROAD  
City-St-Zip: BRANDON, FL 33511

Title: T (X) Change ( ) Addition  
Name: STREET, LAKECIA  
Address: 755 WEST LUMSDEN  
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER SELIGMILLER

PD

02/26/2007

Electronic Signature of Signing Officer or Director

Date