2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N05000011442

Entity Name: REDEMPTION MINISTRIES, INC.

Current Principal Place of Business:

755 WEST LUMSDEN ROAD
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

P O BOX 2756
VALRICO, FL 33594

New Mailing Address:

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: _____

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:	STEVENSON, SHARLENE	
Address:	755 WEST LUMSDEN ROAD	
City-St-Zip:	BRANDON, FL 33511	
Title:	T	( ) Delete
Name:	STREET, LAKECIA	
Address:	755 WEST LUMSDEN	
City-St-Zip:	BRANDON, FL 33511	

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: JULIETTE SELIGMILLER VD 04/29/2008

Electronic Signature of Signing Officer or Director — Date