2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003816

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Entity Name: THE REDEEMED CHRISTIAN CHURCH OF GOD - GOOD SEED ASSEMBLY INC

Current Principal Place of Business: New Principal Place of Business: 4815 E. BUSCH BLVD 4815 E. BUSCH BLVD #205 #206 #203, #204, #205, #206 TAMPA, FL 33617 TAMPA, FL 33617 **Current Mailing Address: New Mailing Address:** 18005 ALLISON PARK PLACE #209 TAMPA, FL 33647 FEI Number: 20-4793354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OLORUNTOBO, O.M. 18005 ALLISON PARK PLACE #209 TAMPA, FL 33647 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete OLORUNTOBO, OLORUNNIMBE PASTOR OLORUNTOBO, OLORUNNIMBE H PASTOR Name: Name: 18005 ALLISON PARK PLACE #209 Address: 18005 ALLISON PARK PLACE #209 Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change () Addition OLORUNTOBO, M M DEAC Name: OLORUNTOBO, M M ASST PA Name: Address: 18005 ALLISON PARK PLACE #209 Address: 18005 ALLISON PARK PLACE #209 City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33647 Title: () Delete Title: (X) Change () Addition AROWOLO, SAMUEL O ARIYO, ADEDAMOLA BRO Name: Name: 4815 E. BUSCH BLVD, #204 Address: 10335 LAKESDIE VISTA DR Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: TAMPA, FL 33617 (X) Change () Addition Title: () Delete Title: D Name: ADEDIRAN, TONY Name: FADARE, ABIOLA BRO P O BOX 341771 Address: Address: 4815 E. BUSCH BLVD, #204 City-St-Zip: TAMPA, FL 33694 City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: () Change (X) Addition OYENUSI, MODUPE SIS Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: O.M OLORUNTOBO P 04/15/2009

4815 E. BUSCH BLVD, #204

TAMPA, FL 33617