

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005329

FILED
Apr 29, 2009
Secretary of State

Entity Name: REDEEMED PENTACOSTAL WORSHIP CENTER INC.

Current Principal Place of Business:

2604 MARSHALL AVE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

2604 MARSHALL AVE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 35-2340401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, SHAWN
2604 MARSHALL AVE
SANFORD, FL 32773 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: P () Delete
Name: JOHNSON, SHAWN
Address: 2604 MARSHALL AVE
City-St-Zip: SANFORD, FL 32773

Title: VP () Delete
Name: JOHNSON, RONDA
Address: 2604 MARSHALL AVE
City-St-Zip: SANFORD, FL 32773

Title: TR () Delete
Name: LUMAS, JOSHUA
Address: 2604 MARSHALL AVE
City-St-Zip: SANFORD, FL 32773

Title: SEC1 () Delete
Name: WARD, PRECIOUS
Address: 324 2ND STREET
City-St-Zip: TAFT, FL 32773

Title: SEC2 () Delete
Name: FISHER, DOROTHY
Address: 2604 MARSHALL
City-St-Zip: SANFORD, FL 32773

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:

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: SHAWN JOHNSON

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date