

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003885

FILED
Apr 26, 2012
Secretary of State

Entity Name: REDEEM THE SHADOWS MINISTRIES INC.

Current Principal Place of Business:

1950 SW CRANE CREEK AVE
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

1950 SW CRANE CREEK AVE
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 27-2128438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, NOEL
1950 SW CRANE CREEK AVE
PALM CITY, FL 34990 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
Name: THOMAS, NOEL J
Address: 1950 SW CRANE CREEK AVE
City-St-Zip: PALM CITY, FL 34990 US

Title: D
Name: TERECH, JOHN
Address: 2700 SW MARTIN HWY
City-St-Zip: PALM CITY, FL 349903146

Title: D
Name: CHILDS, JOSEPH DR
Address: 1000 LONGFELLOW BLVD.
City-St-Zip: LAKELAND, FL 338016099

Title: D
Name: JUDY, AARON
Address: 2215 BODRICK CIRCLE, APT 202
City-St-Zip: BRANDON, FL 33511

Title: D
Name: THOMAS, MARY B
Address: 1950 SW CRANE CREEK AVE
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: THOMAS, JEFFREY F
Address: 1950 SW CRANE CREEK AVE
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: NOEL THOMAS

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date