

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N19621

Entity Name: REDEEMING LIGHT CENTER, INC.

Current Principal Place of Business:

109 WASHINGTON AVENUE
EATONVILLE, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

109 WASHINGTON AVENUE
ORLANDO, FL 32810 US

New Mailing Address:

FEI Number: 59-2774162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, THOMAS
32140 DEWBERRY LANE
SORRENTO, FL 32776 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: TD () Delete
Name: WHITE, SHARON
Address: 4860 MARKS TERRACE
City-St-Zip: ORLANDO, FL 32811

Title: VD () Delete
Name: BROWN, BEVERLY,
Address: 32140 DEWBERRY LANE
City-St-Zip: SORRENTO, FL 32776

Title: PD () Delete
Name: BROWN, THOMAS J
Address: 32140 DEWBERRY LN
City-St-Zip: SORRENTO, FL 32776

Title: SD () Delete
Name: HUMPHRIES, RANDY
Address: 1804 CONCORD DR
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: BROWN, BEATRICE
Address: 1008 GLUENS TERR
City-St-Zip: LILBURN, GA 30047

Title: TD () Delete
Name: FRAZIER, RUSSELL
Address: 2929 SEABROOK AVE
City-St-Zip: ORLANDO, FL 32805

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
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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 for the exemption stated in Section 119.07(3)(i), 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: THOMAS BROWN

PD

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date