


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90161 003 \*\*\*\*61.25

<b>DOCUMENT # N19621</b> 1. Entity Name <b>REDEEMING LIGHT CENTER, INC.</b>					
Principal Place of Business <b>109 WASHINGTON AVENUE EATONVILLE, FL 32810 US</b>			Mailing Address <b>109 WASHINGTON AVENUE ORLANDO, FL 32810 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2774162</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BROWN, THOMAS 32140 DEWBERRY LANE SORRENTO, FL 32776</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITE, SHARON 4860 MARKS TERRACE ORLANDO, FL 32811	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHITE, SHARON 6139 ARUNDEL DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, BEVERLY 32140 DEWBERRY LANE SORRENTO, FL 32776	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROWN, BEATRICE 1008 GLUENS TERR LILBURN, GA 30047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, THOMAS J 32140 DEWBERRY LN SORRENTO, FL 32776	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAEL MAY 1651 SUNRIDGE DRIVE APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUMPHRIES, RANDY 1804 CONCORD DR APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUTLEY WHITE 1265 ASHWORTH DR. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, BEATRICE 1008 GLUENS TERR LILBURN, GA 30047	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO CHRISTOPHER POLKE 4942 SANDOMA VILLAGE RD. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAZIER, RUSSELL 2929 SEABROOK AVE ORLANDO, FL 32805	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/23/07 407-660-1288 <small>Date Daytime Phone #</small>	