


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90039 022 ****61.25

DOCUMENT # N19621 1. Entity Name REDEEMING LIGHT CENTER, INC.					
Principal Place of Business 109 WASHINGTON AVENUE EATONVILLE, FL 32810 US			Mailing Address 109 WASHINGTON AVENUE ORLANDO, FL 32810 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2774162	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BROWN, THOMAS 32140 DEWBERRY LANE SORRENTO, FL 32776			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, SHARON		NAME	BEVERLY BROWN	
STREET ADDRESS	6139 ARUNDEL DR		STREET ADDRESS	32140 DEWBERRY LN.	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	SORRENTO, FL 32776	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, BEATRICE		NAME	NIKIE LOMAX	
STREET ADDRESS	1008 GLUENS TERR		STREET ADDRESS	4616 OAK ARBOR CIR.	
CITY-ST-ZIP	LILBURN, GA 30047		CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, THOMAS J		NAME	MICHAEL MAY	
STREET ADDRESS	32140 DEWBERRY LN		STREET ADDRESS	1651 SUNRIDGE DR.	
CITY-ST-ZIP	SORRENTO, FL 32776		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLEY, WHITE		NAME	RUTLEY WHITE	
STREET ADDRESS	1265 ASHWORTH DR		STREET ADDRESS	1265 ASHWORTH DR.	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	BROWN, BEATRICE		NAME		
STREET ADDRESS	1008 GLUENS TERR		STREET ADDRESS		
CITY-ST-ZIP	LILBURN, GA 30047		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	POLKE, CHRISTOHER		NAME		
STREET ADDRESS	4942 SANOMA VILLAGE RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		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.					
SIGNATURE: _____			4/13/08 407-660-1288 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					