

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19621

FILED
Apr 13, 2009
Secretary of State

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:

BROWN, THOMAS J
32140 DEWBERRY LANE
SORRENTO, FL 32776 US

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: THOMAS J BROWN

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WHITE, SHARON
Address: 6139 ARUNDEL DR
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: LOMAX, NIKIE
Address: 4616 OAK ARBOR CIR.
City-St-Zip: ORLANDO, FL 32808

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

Title: SD () Delete
Name: RUTLEY, WHITE
Address: 1265 ASHWORTH DR
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: MAY, MICHAEL
Address: 1651 SUNRIDGE DR.
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: POLKE, CHRISTOHER
Address: 4942 SANOMA VILLAGE RD
City-St-Zip: ORLANDO, FL 32808

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:

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: THOMAS J. BROWN

PD

04/13/2009

Electronic Signature of Signing Officer or Director

Date