2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2012
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 J
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
Name: WHITE, SHARON
Address: 5529 NEW CAMBRIDGE RD.
City-St-Zip: ORLANDO, FL 32808

Title: SD
Name: LOMAX, NIKIE
Address: 1115 E. LIVINGSTON ST.
City-St-Zip: ORLANDO, FL 32803

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

Title: D
Name: RUTLEY, WHITE
Address: 1265 ASHWORTH DR
City-St-Zip: APOPKA, FL 32703

Title: D
Name: BROWN, BEVERLY
Address: 32140 DEWBERRY LANE
City-St-Zip: SORRENTO, FL 32776

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

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: CHRISTOPHER POLKE TD 04/04/2012

Electronic Signature of Signing Officer or Director Date