2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N30218

1. Entity Name
REDEEMS PENTECOSTAL CHURCH OF THE LIVING GOD, INC.

Principal Place of Business	Mailing Address
11930 S.W. 213 STREET GOULDS, FL 33170	11930 S.W. 213 STREET GOULDS, FL 33170

01132005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STRONG, JAMES SR
19531 S.W. 121 AVENUE
MIAMI, FL 33177

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	JONES, ELIZABETH
STREET ADDRESS	11840 SW 224 STREET
CITY-ST-ZIP	GOULDS, FL
TITLE	TAS
NAME	TAYLOR, DARLENE
STREET ADDRESS	20000 SW 111 AVE.
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	TAS
NAME	BAKER, BETTY
STREET ADDRESS	10821 OLD CUTLER ROAD
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	PT
NAME	KETTLES, CARRIE
STREET ADDRESS	19254 S.W. 92 ROAD
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	DV
NAME	STRONG, JAMES
STREET ADDRESS	19531 S.W. 121 AVENUE
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/05-80057-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Darlene Burton-Taylor 1/16/05 305-232-3354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #