

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2006 08:00 AM
Secretary of State**

DOCUMENT # N30218 1. Entity Name REDEEMS PENTECOSTAL CHURCH OF THE LIVING GOD, INC.																																																		
Principal Place of Business 11930 S.W. 213 STREET GOULDS, FL 33170	Mailing Address 11930 S.W. 213 STREET GOULDS, FL 33170																																																	
DO NOT WRITE IN THIS SPACE																																																		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																																																		
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>SD</td> </tr> <tr> <td>NAME</td> <td>JONES, ELIZABETH</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11840 SW 224 STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GOULDS, FL</td> </tr> <tr> <td>TITLE</td> <td>TAS</td> </tr> <tr> <td>NAME</td> <td>TAYLOR, DARLENE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>20000 SW 111 AVE.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33189</td> </tr> <tr> <td>TITLE</td> <td>TAS</td> </tr> <tr> <td>NAME</td> <td>BAKER, BETTY</td> </tr> <tr> <td>STREET ADDRESS</td> <td>10821 OLD CUTLER ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33170</td> </tr> <tr> <td>TITLE</td> <td>PT</td> </tr> <tr> <td>NAME</td> <td>KETTLES, CARRIE</td> </tr> <tr> <td>STREET ADDRESS</td> <td>19254 S.W. 92 ROAD</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33157</td> </tr> <tr> <td>TITLE</td> <td>DV</td> </tr> <tr> <td>NAME</td> <td>STRONG, JAMES</td> </tr> <tr> <td>STREET ADDRESS</td> <td>19531 S.W. 121 AVENUE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33177</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			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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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: <i>Darlene B. Taylor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/5/06 305-231-0606 <small>Date Daytime Phone #</small>																																																



01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/12/06-80052-011 61.25

**DO NOT WRITE
IN THIS SPACE**

305-232-3354