

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 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**



01062008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000778728  
01/11/08-80009-005 61.25

**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	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Darlene Burton-Taylor*

1/6/08

305-251-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR