

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30218

FILED  
Jan 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

11930 S.W. 213 STREET  
GOULDS, FL 33170

**New Principal Place of Business:**

**Current Mailing Address:**

11930 S.W. 213 STREET  
GOULDS, FL 33170

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRONG, JAMES SR  
19531 S.W. 121 AVENUE  
MIAMI, FL 33177 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: SD ( ) Delete  
Name: JONES, ELIZABETH,  
Address: 11840 SW 224 STREET  
City-St-Zip: GOULDS, FL

Title: TAS ( ) Delete  
Name: TAYLOR, DARLENE,  
Address: 20000 SW 111 AVE.  
City-St-Zip: MIAMI, FL 33189

Title: TAS ( ) Delete  
Name: BAKER, BETTY,  
Address: 10821 OLD CUTLER ROAD  
City-St-Zip: MIAMI, FL 33170

Title: PT ( ) Delete  
Name: KETTLES, CARRIE  
Address: 19254 S.W. 92 ROAD  
City-St-Zip: MIAMI, FL 33157

Title: DV ( ) Delete  
Name: STRONG, JAMES  
Address: 19531 S.W. 121 AVENUE  
City-St-Zip: MIAMI, FL 33177

**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:

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: DARLENE TAYLOR

TAS

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date