## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT # N30218**



Secretary of State 1. Entity Name 01-08-2003 90058 041 \*\*\*\*61.25 REDEEMS PENTECOSTAL CHURCH OF THE LIVING GOD. IN Principal Place of Business Mailing Address 11930 S.W. 213 STREET 60001203 11930 S.W. 213 STREET GOULDS FL 33170 GOULDS FL 33170 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRONG, JAMES SR Street Address (P.O. Box Number is Not Acceptable) 19531 S.W. 121 AVENUE **MIAMI FL 33177** City Zip Code 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) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD ☐ Delete TITLE ☐ Change Addition JONES, ELIZABETH NAME NAME STREET ADDRESS 11840 SW 224 STREET STREET ADDRESS CITY-ST-ZIP GOULDS FL CITY-ST-ZIP TAS TITLE ☐ Delete TITLE ☐ Change Addition NAME Taylor, darlene NAME STREET ADDRESS 20000.SW 111 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33189 CITY-ST-ZIP TITLE TAS Delete TITLE ☐ Change ☐ Addition NAME BAKER, BETTY NAME STREET ADDRESS 10821 OLD CUTLER ROAD STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33170** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME KETTLES, CARRIE NAME STREET ADDRESS 19254 S.W. 92 ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STRONG, JAMES NAME STREET ADDRESS 19531 S.W. 121 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS . Street address CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 attachinent with an address, with all other like empowered.

SIGNATURE:

316-251-0600

FILED

Jan 08, 2003 8:00 am

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