

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36636

FILED
Mar 20, 2008
Secretary of State

Entity Name: REDEMPTION BAPTIST CHURCH, INC.

Current Principal Place of Business:

3501 N.E. 3 AVE.
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

3501 NE 3 AVE
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 65-0175176

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLERVEAUX, HECTOR
5621 NW 43 WAY
COCONUT CREEK, FL 33073 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: D () Delete
Name: CLERVEAUX, HECTOR,
Address: 5621 NW 43RD WAY
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D () Delete
Name: CLERVEAULT, ABNER
Address: 1835 N DIXIE HWY
City-St-Zip: POMPANO BCH, FL 33060

Title: D () Delete
Name: METELLUS, LUCIUS
Address: 211 NE 25 CT
City-St-Zip: POMPANO BEACH, FL 33060

Title: S () Delete
Name: JASMIN, CLARA
Address: 22738 SW 10TH ST
City-St-Zip: BOCA RATON, FL 33433

Title: O (X) Delete
Name: GOLLIHER, DONNA
Address: 156 N. RIFLE RANGE RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: O (X) Delete
Name: HUDSON, FRAN
Address: 156 N. RIFLE RANGE RD
City-St-Zip: WINTER HAVEN, FL 33880

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
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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: HECTOR CLERVEAUX

DIR

03/20/2008

Electronic Signature of Signing Officer or Director

Date