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FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N42327 (9)

1. Corporation Name

REDEMPTIVE LIFE MINISTRIES, INC.

Principal Place of Business

2501 BRISTOL AVENUE  
P.O. BOX 20305  
WEST PALM BEACH FL 33416

Mailing Address

2501 BRISTOL AVENUE  
P.O. BOX 20305  
WEST PALM BEACH FL 33416-0305

3. Date Incorporated or Qualified  
03/04/1991

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 2101 N. AUSTRALIAN AVE

2a. Mailing Address

26 2101 N. AUSTRALIAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WEST PALM BEACH, FL

City & State

28 WEST PALM BEACH, FL

Zip

24 33407

Country

Zip

29 33407

Country

30 US

9. Name and Address of Current Registered Agent

RAY, HAROLD CALVIN  
2501 BRISTOL AVENUE  
WEST PALM BEACH FL 33409

4. FEI Number

65-0255542

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

2101 N. AUSTRALIAN AVE

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RAY, HAROLD CALVIN  
STREET ADDRESS 4830 DORCHESTER MEWS  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE VPD  
NAME RAY, BRENDA JOYCE  
STREET ADDRESS 4830 DORCHESTER MEWS  
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE SD  
NAME WARREN, BJ ESQ  
STREET ADDRESS 300 SNOWBIRD COURT  
CITY-ST-ZIP IRVING TX 75062

TITLE D  
NAME HORNBuckle, TERRY PASTOR  
STREET ADDRESS 469 EL RIO DRIVE  
CITY-ST-ZIP MESQUITE TX 75150

TITLE D  
NAME WILLIAMS, STANLEY PASTOR  
STREET ADDRESS OAK HILL VILLAGE PLZ, 7620 103RD ST. #22  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 11771 LITTLESTONE CT.  
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33412

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 11771 LITTLESTONE CT.  
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33412

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041441

CR2E037 (9/96)