

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44788

FILED
Apr 30, 2009
Secretary of State

Entity Name: REDEMPTIVE LIFE FELLOWSHIP, INC.

Current Principal Place of Business:

2101 AUSTRALIAN AVE.
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

2101 AUSTRALIAN AVE
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0286937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES, KEITH A.
4510 PORTOFINO WAY
SUITE 209
WEST PALM BEACH, FL 33409 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: BEAN, JAMES
Address: 425 N.E. 14TH AVENUE
City-St-Zip: BOYNTON BEACH, FL

Title: D () Delete
Name: RAY, HAROLD CALVIN
Address: 11771 LITTLESTONE CT
City-St-Zip: W. PALM BEACH, FL

Title: D () Delete
Name: RAY, BRENDA J.
Address: 11771 LITTLESTONE CT
City-St-Zip: W. PALM BEACH, FL

Title: D () Delete
Name: SIMPSON, FERMAL
Address: 6051 ADAMS STREET
City-St-Zip: P. BCH. GARDENS, FL

Title: D () Delete
Name: MOORE, WILLIE
Address: 391 W. 36TH ST.
City-St-Zip: RIVIERA BCH, FL 33404

Title: D () Delete
Name: GAINES, BARBARA
Address: 380 W. 32ND ST.
City-St-Zip: RIVIERA BCH, FL 33404

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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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: HAROLD RAY

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date