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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48343 (0)
 1. Corporation Name
REDEEMING WORD CHRISTIAN CENTER INC.



Principal Place of Business 1845 NW 38TH AVE. LAUDERHILL FL 33313	Mailing Address 1845 NW 38TH AVE. LAUDERHILL FL 33313
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3. Date Incorporated or Qualified 04/07/1992
4. FEI Number 65-0387037
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WILLIAMS, BEATRICE
 7326 NW 48TH STREET
 LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRINSON, EDWARD G	
STREET ADDRESS	13317 N.W. 8TH CT.	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BRINSON, YVETTE M	
STREET ADDRESS	13317 N.W. 8TH CT.	
CITY-ST-ZIP	SUNRISE FL 33325	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DALY, CHRIS	
STREET ADDRESS	4515 N.W. 3RD CT.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MARIAN	
STREET ADDRESS	2970 105 WAY	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRINSON, EDWARD G	
1.3 STREET ADDRESS	12699 Classic Dr.	
1.4 CITY-ST-ZIP	Coral Springs, FL 33071	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRINSON, YVETTE M	
2.3 STREET ADDRESS	12699 Classic Dr.	
2.4 CITY-ST-ZIP	Coral Springs, FL 33071	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DALY, CHRIS	
3.3 STREET ADDRESS	6871 NW 70th PL.	
3.4 CITY-ST-ZIP	Parland, FL 33067	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GONZALEZ, MARIAN	
4.3 STREET ADDRESS	5544 NW 85th Ave	
4.4 CITY-ST-ZIP	Coral Springs, FL 33067	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: **EDWARD G. BRINSON** President **3/27/98** 984-485-4933

CR2E037 (10/97)