

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0029854

DOCUMENT # N48343

1. Entity Name

REDEEMING WORD CHRISTIAN CENTER INC.

02-26-2002 90114 009 ****70.00

Principal Place of Business

Mailing Address

**2800 W PROSPECT ROAD
 FORT LAUDERDALE FL 33309**

**2800 W PROSPECT ROAD
 FORT LAUDERDALE FL 33309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0387037**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD BRINSON, EDWARD G**
 STREET ADDRESS **12699 CLASSIC DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME **ALLEN Matthew**
 STREET ADDRESS **2609 N.E. 8th AVE**
 CITY-ST-ZIP **Wilton Manors ; FL 33334**

TITLE Delete
 NAME **VD BRINSON, YVETTE M**
 STREET ADDRESS **12699 CLASSIC DR**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD DALY, CHRIS**
 STREET ADDRESS **6671-NW-70TH PL**
 CITY-ST-ZIP **PARLAND FL 33067**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S GONZALEZ, MARIAN**
 STREET ADDRESS **5544 NW 85TH AVE**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~Matthew Allen~~
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **ALLEN Matthew**
 STREET ADDRESS **2609 NE 8th AVE**
 CITY-ST-ZIP **Wilton Manors ; FL 33334**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 attachment with an address with all other like empowered.

SIGNATURE: Yvette Brinson **Yvette BRINSON** 2/8/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)