

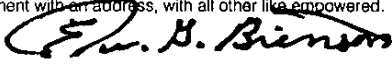


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90051 048 ****70.00

DOCUMENT # N48343					
1. Entity Name REDEEMING WORD CHRISTIAN CENTER INC.					
Principal Place of Business 2800 W PROSPECT ROAD FORT LAUDERDALE, FL 33309		Mailing Address 2800 W PROSPECT ROAD FORT LAUDERDALE, FL 33309		4000000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01042007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0387037	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRINSON, EDWARD G			NAME	BRINSON, Edward
STREET ADDRESS	3543 DAECOTE MEADOW LANE			STREET ADDRESS	3543 Dove Cote Meadows Lane
CITY-ST-ZIP	DAVIE, FL 33328			CITY-ST-ZIP	DAVIE ; FL 33328
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, YVETTE M			NAME	BRINSON, Yvette
STREET ADDRESS	3543 DAVE COTE MEADOW LANE			STREET ADDRESS	3543 Dove Cote Meadows Lane
CITY-ST-ZIP	DAVIE, FL 33328			CITY-ST-ZIP	DAVIE ; FL 33328
TITLE	S	<input type="checkbox"/> Delete		TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MARIAN			NAME	GONZALEZ, MARIAN
STREET ADDRESS	5544 NW 85TH AVE			STREET ADDRESS	6720 NW 65th Terr
CITY-ST-ZIP	CORAL SPRINGS, FL 33067			CITY-ST-ZIP	Parkland ; FL 33062
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		EDWARD BRINSON		Date: 1/5/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	