2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N49065

Entity Name: REDEMPTIVE LIFE FELLOWSHIP URBAN INITIATIVE CORPORATION

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: 65-0365849 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIN, STEVE
2101 AUSTRALIAN AVE
WEST PALM BEACH, FL 33407 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: HAMILTON, EARL
Address: 824 VIA HACIENDA
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D ( ) Delete
Name: RAY, HAROLD CALVIN
Address: 2101 AUSTRALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: D ( ) Delete
Name: RAY, BRENDA J.
Address: 2101 AUSTRALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33407 US

Title: D ( ) Delete
Name: JONES, DONIELLE
Address: 1041 18TH STREET
City-St-Zip: WEST PALM BEACH, FL 33407

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
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: EARL HAMILTON D 04/30/2009

Electronic Signature of Signing Officer or Director — Date