

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000262

FILED  
Sep 12, 2008  
Secretary of State

**Entity Name:** THE REDEEMED CHRISTIAN CHURCH OF GOD - NORTH AMERICA, INC.

**Current Principal Place of Business:**

3200 APALACHEE PARKWAY  
TALLAHASSEE, FL 32311 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5845  
TALLAHASSEE, FL 323145845

**New Mailing Address:**

**FEI Number:** 59-3200011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMS, IVEY L  
1034 CARRIN DR.  
TALLAHASSEE, FL 32311 US

**Name and Address of New Registered Agent:**

WILLIAMS, IVEY L  
3076 HAWKS LANDING DRIVE  
TALLAHASSEE, FL 32309 US

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:

09/12/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WILLIAMS, IVEY L  
Address: 3076 HAWKS LANDING DR  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: FADIORA, ROTIMI  
Address: PAMONA CT  
City-St-Zip: TALLAHASSEE, NY 32308

Title: D ( ) Delete  
Name: AUDU, JONATHAN  
Address: 5639 CYPRESS CIR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: UKPABI, HANNAH  
Address: 1367 IDLEWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D (X) Delete  
Name: NORTON, MICHAEL  
Address: 2002 SHADY OAKS DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: OMEKE, SAMPSON  
Address: 5809 OLD FORGE COURT  
City-St-Zip: TALLAHASSEE, FL 32317

**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:

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: IVEY L WILLIAMS

D

09/12/2008

Electronic Signature of Signing Officer or Director

Date