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Jun 23, 1999 8:00 am
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06-23-1999 90001 006 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000774

1. Corporation Name

**REDEEMING LOVE FELLOWSHIP OF FORT LAUDERDALE, IN
C.**

Principal Place of Business

2200 NW 12 AVENUE
FORT LAUDERDALE F 33311
US

Mailing Address

2109 NW 12 AVENUE
FORT LAUDERDALE FL 33311
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/15/1995

4. FEI Number

65-0558806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**THOMAS, HOLLIS K
2109 N.W. 12TH AVENUE
FORT LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **THOMAS, HOLLIS K**
STREET ADDRESS **2109 N.W. 12TH AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33311**

TITLE **SD** ☐ DELETE

NAME **BAIN, MAUREEN**
STREET ADDRESS **570 SW 29TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **TD** ☒ DELETE

NAME **SERRANEAU, SHELDON**
STREET ADDRESS **4067 NW 35TH AVENUE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**S/T/D
BAIN, MAUREEN
570 SW 29TH TERRACE
FORT LAUDERDALE, FL 33312**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**STEWART, DELORES
1224 NW 16 CT.
FORT LAUDERDALE, FL 33311**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered

SIGNATURE: HOLLIS K THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 9, 1999

Date

954-7611589

Daytime Phone #

CR2E037 (1/98)

0035959