

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000774

FILED  
Apr 26, 2009  
Secretary of State

**Entity Name:** REDEEMING LOVE FELLOWSHIP OF FORT LAUDERDALE, INC.

**Current Principal Place of Business:**

2430 NW 19 STREET  
FORT LAUDERDALE, F 33311 US

**New Principal Place of Business:**

2109 NW 12TH AVE  
FORT LAUDERDALE, F 33311 US

**Current Mailing Address:**

2109 NW 12 AVENUE  
FORT LAUDERDALE, FL 33311 US

**New Mailing Address:**

**FEI Number:** 65-0558806      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

THOMAS, HOLLIS K  
2109 N.W. 12TH AVENUE  
FORT LAUDERDALE, FL 33311 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: PD ( ) Delete  
Name: THOMAS, HOLLIS K  
Address: 2109 N.W. 12TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD ( ) Delete  
Name: BAIN, MAUREEN  
Address: 570 SW 29TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: STD ( ) Delete  
Name: BAIN, MAUREEN  
Address: 570 SW 29TH TERR  
City-St-Zip: FORT LAUDERDALE, FL 33312

**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:

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: MAUREEN BAIN

SD

04/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date