

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 10 1998 8:00am³
Secretary of State

DOCUMENT # N96000002634 (1)

1. Corporation Name

REDEEMED LIFE MINISTRIES, INC.



Principal Place of Business

Mailing Address

1270 NW 62ND ST
MIAMI FL 33147

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MIAMI FL 33147

3. Date Incorporated or Qualified

05/09/1996

4. FEI Number

65-0672444

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

21 6908 N.W. 15 Ave.

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 331

Country

25 America

2a. Mailing Address

26 6101 N.W. 21 Avenue

Suite, Apt. #, etc.

27

City & State

28 Miami, FL 33142

Zip

29 33142

Country

30 America

9. Name and Address of Current Registered Agent

POUGH, ANNA
6101 NW 21ST AVE
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

Anna Darden

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

6101 N.W. 21 Avenue

83

84 City

Miami

FL

85 Zip Code

33142

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

Pastor - Anna Darden

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/6/98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	POUGH, ANNA	
STREET ADDRESS	6101 NW 21ST AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	POUGH, MICHAEL	
STREET ADDRESS	6101 NW 21ST AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SAMPSON, SYLVESTER	
STREET ADDRESS	3935 NW 185TH ST	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MOZONE, LEROY JR	
STREET ADDRESS	18120 NW 4TH COURT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Darden, Anna	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Miami, FL 33142	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Breedlove, Velma	
2.3 STREET ADDRESS	6006 S.W. 68 Street	
2.4 CITY-ST-ZIP	So. Miami, FL 33143	
3.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sampson, Sylvester	
3.3 STREET ADDRESS	3935 N.W. 185 street	
3.4 CITY-ST-ZIP	Miami, FL 33055	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Charles E. Casimir	
4.3 STREET ADDRESS	5781 N.W. 4 AVE	
4.4 CITY-ST-ZIP	Miami, FL 33127	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

Pastor - Anna Darden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/98

Date

Daytime Phone #

(305) 635-1634

CR2E037 (5/98)