


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90223 032 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000006269</b>					
1. Corporation Name <b>REDEEMING FAITH MINISTRIES, INCORPORATION</b>					
Principal Place of Business 2901 WEST OAKLAND PARK BLVD. SUITE 8-B FORT LAUDERDALE FL 33311 US			Mailing Address 2901 WEST OAKLAND PARK BLVD. SUITE 8-B FORT LAUDERDALE FL 33311 US		
2. Principal Place of Business 21 <b>3911 N.W. 30th Ave</b>		2a. Mailing Address 26 <b>P.O. Box 9886</b>		3. Date Incorporated or Qualified <b>01/01/1997</b>	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 <b>FL LAUDERDALE FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
City & State 23 <b>LAUDERDALE LAKES FL</b>		City & State 28 <b>FL LAUDERDALE FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33309</b>		Zip 29 <b>33311</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>BROWARD</b>		Country 30 <b>BROWARD</b>			
9. Name and Address of Current Registered Agent <b>REAVES, TERRANCE</b> <b>3351 NW 42ND STREET</b> <b>LAUDERDALE LAKES FL 33309</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code <b>FL</b>		
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
AD MARTIN, ROBERT 3437 N.W. 44 ST #107 FT. LAUDERDALE FL 33309			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
D REAVES, TERRANCE E 3351 N.W. 42 ST. LAUDERDALE LAKES FL 33309			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
T FINLEY, JEAN 4820 N.W. 19 CT. LAUDERHILL FL 33313			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
T ELLIOT, CLAUDIA 4711 N.W. 41 CT. LAUDERDALE LAKES FL 33319			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
D REAVES, ROBIN 3351 N.W. 42 ST. LAUDERDALE LAKES FL 33309			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		

SIGNATURE:  **RECEIVED REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99 (954) 527-3546

Date

Daytime Phone #

CR2E037 (1/1/98)