

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006269

1. Entity Name

REDEEMING FAITH MINISTRIES, INCORPORATION

Principal Place of Business

3911 NW 30TH AVE
LAUDERDALE LAKES FL 33309
US

Mailing Address

P.O. BOX 9886
FT LAUDERDALE FL 33310-9886
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

REAVES, TERRANCE
3351 NW 42ND STREET
LAUDERDALE LAKES FL 33309

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE AD ☐ Delete
NAME MARTIN, ROBERT
STREET ADDRESS 3437 N.W. 44 ST #107
CITY-ST-ZIP FT. LAUDERDALE FL 33309

TITLE D ☐ Delete
NAME REAVES, TERRANCE E
STREET ADDRESS 3351 N.W. 42 ST.
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE T ☐ Delete
NAME ROBERTS, CELIA
STREET ADDRESS 190 SW 78TH AVE
CITY-ST-ZIP MARGATE FL 33068

TITLE T ☐ Delete
NAME ELLIOT, CLAUDIA
STREET ADDRESS 4711 N.W. 41 CT.
CITY-ST-ZIP LAUDERDALE LAKES FL 33319

TITLE D ☐ Delete
NAME REAVES, ROBIN
STREET ADDRESS 3351 N.W. 42 ST.
CITY-ST-ZIP LAUDERDALE LAKES FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-00

755-8199

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90313 029 ****61.25

CR2E037 (9/99)