

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90215 030 \*\*\*\*70.00

**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 33311  
 US

972322



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9914 Alpha River Lane

3. Mailing Address

9914 Alpha River Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gibson ton FLORIDA

City & State

Gibson ton FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33534

Country

Hillsborough

Zip

33534

Country

Hillsborough

5. Certificate of Status Desired

☒

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Director  
 Robert Martin  
 3437 N.W. 44th St. #107  
 Ft. Laud., FL 33309 ☐ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD (President)  
 Terrance Reaves  
 9914 Alpha River Lane  
 Gibson ton, FL ☐ Change ☐ Addition

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Director  
 Jeffrey Dampier  
 2323 Hutchinson Rd  
 Flossmoor, IL 60422 ☒ Change ☒ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Robin Reaves  
 9914 Alpha River Lane  
 Gibson ton, FL 33534 ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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

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

3-2-2001

(813) 671-0441

Date

Daytime Phone #

CR2E037 (10/00)