## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N96000006269

City-St-Zip:

FLOSSMOOR, IL 60422

Entity Name: REDEEMING FAITH MINISTRIES, INCORPORATION

FILED May 01, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9914 ALAHA RIVER LANE GIBSONTON, FL 33534 **Current Mailing Address: New Mailing Address:** 9914 ALAHA RIVER LANE GIBSONTON, FL 33534 US FEI Number: 31-1496082 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REAVES, TERRANCE REAVES, TERRANCE 3351 NW 42ND STREET 9914 ALAFIA RIVER LANE LAUDERDALE LAKES, FL 33309 US GIBSONTON, FL 33534 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: 05/01/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MARTIN, ROBERT JOHNSON, EARL Name: Name: 3437 N.W. 44 ST #107 Address: P.O. BOX 1942 Address: City-St-Zip: FT. LAUDERDALE, FL 33309 US City-St-Zip: DUARTE, CA 91009 US Title: PD () Delete Title: () Change () Addition Name: REAVES, TERRANCE E Name: Address: 3351 N.W. 42 ST. Address: City-St-Zip: LAUDERDALE LAKES, FL 33309 US City-St-Zip: Title: () Delete Title: () Change () Addition ROBERTS, CELIA Name: Name: 190 SW 78TH AVE Address: Address: City-St-Zip: MARGATE, FL 33068 City-St-Zip: Title: () Delete Title: () Change () Addition Name: REAVES, ROBIN Name: Address: 3351 N.W. 42 ST. Address: City-St-Zip: LAUDERDALE LAKES, FL 33309 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DARIPIER, JEFFERY DARIPIER, JEFFERY Name: Name: 2323 HUTCHINSON ROAD 15024 EAGLE PARK PLACE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

LITHIA, FL 33547 US

SIGNATURE: TERRANCE REAVES PD 05/01/2002