

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

010177

DOCUMENT # N96000006269

1. Entity Name

REDEEMING FAITH MINISTRIES, INCORPORATION



Principal Place of Business

9914 ALAHA RIVER LANE  
GIBSONTON FL 33534  
US

Mailing Address

9914 ALAHA RIVER LANE  
GIBSONTON FL 33534  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 31-1496082

Applied For  
Not Applicable

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  
9914 ALAFIA RIVER LANE  
GIBSONTON FL 33534

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME JOHNSON, EARL  
STREET ADDRESS P.O. BOX 1942  
CITY-ST-ZIP DUARTE CA 91009

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

TITLE D ☒ Delete  
NAME DARAPIER, JEFFERY  
STREET ADDRESS 15024 EAGLE PARK PLACE  
CITY-ST-ZIP LITHIA FL 33547

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 200025940732  
CITY-ST-ZIP 01/05/04--01002--008 \*\*297.50

TITLE PD ☒ Change ☐ Addition  
NAME Reaves, Terrance E.  
STREET ADDRESS 9914 Alafia River Lane  
CITY-ST-ZIP Gibsonton, FL 33534

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

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

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

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: TERRANCE E. REAVES  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18-28-03

Date

Daytime Phone #

CR2E037 (10/02)