2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2004
Secretary of State

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Entity Name: REDEEMING FAITH & ANOINTING MINISTRIES, INCORPORATED

Current Principal Place of Business:

918 SE WILLISTON RD
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6043
GAINESVILLE, FL 326276043

New Mailing Address:

FEI Number: 59-3431578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSOBA, TERESA
1359 N.E. 31ST AVENUE
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: OSOBA, BABAJIDE
Address: 1359 N.E. 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: WATTS, KENNETH
Address: 345 CROTON DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: OSOBA, TERESA
Address: 1359 N.E. 31ST AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: D ( ) Delete
Name: STRAWDER, MARION
Address: 5006 SW 47TH STREET
City-St-Zip: GAINESVILLE, FL 32605

Title: DT ( ) Delete
Name: POLKE, CLARENCE
Address: 103 SOUTH FRANKLIN AVENUE
City-St-Zip: ARCHER, FL 32618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: ALFORD, KIMBERLY
Address: 811 NE 24TH STREET
City-St-Zip: GAINESVILLE, FL 32641

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TERESA OSOBA D 04/18/2004

Electronic Signature of Signing Officer or Director — Date