

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001713

FILED  
Apr 20, 2006  
Secretary of State

**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:**

OSOBA, TERESA  
6118 SW 63RD LANE  
GAINESVILLE, FL 32608 US

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: \_\_\_\_\_

04/20/2006

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: ALFORD, KIMBERLY  
Address: 811 NE 24TH STREET  
City-St-Zip: GAINESVILLE, FL 32641

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: OSOBA, BABAJIDE  
Address: 6118 SW 63RD LANE  
City-St-Zip: GAINESVILLE, FL 32608

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

Title: D (X) Change ( ) Addition  
Name: OSOBA, TERESA  
Address: 6118 SW 63RD LANE  
City-St-Zip: GAINESVILLE, FL 32608

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

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 Chapter 119, 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

04/20/2006

Electronic Signature of Signing Officer or Director

Date