


**2005 NOT-FOR-PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003378	
1. Entity Name I'M REDEEMED OUTREACH CHRISTIAN CENTER, INC.	

Principal Place of Business 790 BARTON BLVD ROCKLEDGE, FL 32955 US	Mailing Address 2476 MERCURY DRIVE COCOA, FL 32926
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04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3451724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FADLEY, PASTOR ANTHONY 809 NORTH INDIAN RIVER DRIVE COCOA, FL 32922
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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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, SYLVIA Y 2476 MERCURY DRIVE COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GODWIN, RAY 6707 MANGROVE DRIVE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GODWIN, SUZANNE 6707 MANGROVE DRIVE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LOPEZ, ORLENIA 6434 BAMBOO STREET COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/18/05-80065-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sylvia Y. Smith</i>	<i>Sylvia Y. Smith</i>	4-13-05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>