

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90280 037 ****61.25

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3451724

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

FADLEY, PASTOR ANTHONY
809 NORTH INDIAN RIVER DRIVE
COCOA FL 32922

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 reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 P ☐ Delete
NAME SMITH, SYLVIA Y
STREET ADDRESS 2476 MERCURY DRIVE
CITY-ST-ZIP COCOA FL 32926

TITLE D ☒ Delete
NAME GODWIN, RAY
STREET ADDRESS 6707 MANGROVE DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE S ☐ Delete
NAME GODWIN, SUZANNE
STREET ADDRESS 6707 MANGROVE DRIVE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE T ☐ Delete
NAME LOPEZ, ORLENIA
STREET ADDRESS 6434 BAMBOO STREET
CITY-ST-ZIP COCOA FL 32927

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D ☐ Change ☒ Addition
NAME BRIAN KARR
STREET ADDRESS 2045 ROCKLEDGE DRIVE
CITY-ST-ZIP ROCKLEDGE, FLORIDA 32955

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

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

TITLE D ☐ Change ☒ Addition
NAME TAMMY KARR
STREET ADDRESS 2045 ROCKLEDGE DRIVE
CITY-ST-ZIP ROCKLEDGE, FLORIDA 32955

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 exemptions contained in Section 119, 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:

Sylvia M Smith

4/28/06