


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # N97000003378</b><br>1. Entity Name<br>I'M REDEEMED OUTREACH CHRISTIAN CENTER, INC. |  |
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|--|--|
| Principal Place of Business<br>790 BARTON BLVD<br>ROCKLEDGE, FL 32955 US | Mailing Address<br>2476 MERCURY DRIVE<br>COCOA, FL 32926 |
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04042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>FADLEY, PASTOR ANTHONY<br>809 NORTH INDIAN RIVER DRIVE<br>COCOA, FL 32922 |
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IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SMITH, SYLVIA Y<br>2476 MERCURY DRIVE<br>COCOA, FL 32926           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>GODWIN, SUZANNE<br>6707 MANGROVE DRIVE<br>MERRITT ISLAND, FL 32953 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>LOPEZ, ORLENIA<br>6434 BAMBOO STREET<br>COCOA, FL 32927            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KARR, BRIAN<br>2045 ROCKLEDGE DRIVE<br>ROCKLEDGE, FL 32955         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KARR, TAMMY<br>2045 ROCKLEDGE DR<br>ROCKLEDGE, FL 32955            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

UD00000725067  
05/03/07-80007-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Y. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07  
Date

Daytime Phone #