

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 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**



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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
**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
**D
KARR, BRIAN
2045 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KARR, TAMMY
2045 ROCKLEDGE DR
ROCKLEDGE, FL 32955**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000924502
05/19/08-80004-003 61.25

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IN THIS SPACE**

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** **04-23-08**

321-639-0879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #