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FILED

Apr 30 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000004422 (8)

1. Corporation Name

THE REDEEMED CHRISTIAN CHURCH OF GOD. OUTREACH C  
ENTER. INC.



Principal Place of Business

Mailing Address

PO BOX 10476  
TALLAHASSEE FL 32302

PO BOX 10476  
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

59-3500626

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

SHYNGLE, LADAPPO

82

Street Address (P.O. Box Number is Not Acceptable)

2660 OLD BAINBRIDGE # 1603

83

84 City

TALLAHASSEE

FL

85 Zip Code

32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME

(T) SHYNGLE, LADAPPO

STREET ADDRESS

2660 OLD BAINBRIDGE # 1603

CITY-ST-ZIP

TALLAHASSEE FL 32303

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME

(T) SHYNGLE, CATHERINE

STREET ADDRESS

2660 OLD BAINBRIDGE # 1603

CITY-ST-ZIP

TALLAHASSEE FL 32303

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME

(T) FABUNMI, MATILDA

STREET ADDRESS

3432 DAYLILY LANE

CITY-ST-ZIP

TALLAHASSEE FL 32308

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

500002508465

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SHYNGLE, LADAPPO

4-28-98

860-877-6111

CR2E037 (10/97)