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FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90125 036 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004422

1. Corporation Name

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

Principal Place of Business

PO BOX 10476
TALLAHASSEE FL 32302

Mailing Address

PO BOX 10476
TALLAHASSEE FL 32302



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/04/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3500626

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHYNGLE, LADAPO
2660 OLD BAINBRIDGE #1603
TALLAHASSEE FL 32303

81 Name

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

83

84 City

FL

85 Zip Code

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

NAME SHYNGLE, LADAPO
STREET ADDRESS 2660 OLD BAINBRIDGE #1603
CITY-ST-ZIP TALLAHASSEE FL 32303

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME SHYNGLE, CATHERINE
STREET ADDRESS 2660 OLD BAINBRIDGE #1603
CITY-ST-ZIP TALLAHASSEE FL 32303

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME FABUNMI, MATILDA
STREET ADDRESS 3432 DAYLILY LANE
CITY-ST-ZIP TALLAHASSEE FL 32308

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SHYNGLE, LADAPO

4-28-99

813-977-2686

Date

Daytime Phone #

CR2E037 (11/98)