

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004422

1. Entity Name

THE REDEEMED CHRISTIAN CHURCH OF GOD. OUTREACH C

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90267 048 ****61.25

Principal Place of Business

Mailing Address

PO BOX 10476
TALLAHASSEE FL 32302

PO BOX 10476
TALLAHASSEE FL 32302-2476

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

59-3500626

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

SHYNGLE, LADAPO
2660 OLD BAINBRIDGE #1603
TALLAHASSEE FL 32303

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME AGBEDE, BOLAJI
STREET ADDRESS 2105 STERLING PALMS COURT APT. 201
CITY-ST-ZIP BRANDON FL 33511

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

TITLE ☐ Change ☒ Addition
NAME AGBEDE, ENIOLA
STREET ADDRESS 2105 STERLING PALMS COURT APT. 201
CITY-ST-ZIP BRANDON FL 33511

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

TITLE ☐ Change ☒ Addition
NAME ARIYO DAMOLA
STREET ADDRESS 1406 CARTIER DRIVE #11
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ARIYO TAIWO
STREET ADDRESS 1406 CARTIER DRIVE #11
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

813-977-2686

Date

Daytime Phone #