

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90004 010 ****70.00

DOCUMENT # N97000006348						
1. Entity Name THE REDEEMED CHURCH OF GOD IN CHRIST OF HAINES CITY, FL., INC.						
Principal Place of Business 724 NORTH 8TH STREET HAINES CITY, FL 33844			Mailing Address P.O. BOX 3731 HAINES CITY, FL 33844			
54014341						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302004 Chg-NP CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-3409446		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
THOMAS, LARRY D 2208 EAST OAKLEY AVENUE HAINES CITY, FL 33844				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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE <i>Larry D. Thomas</i> <i>Larry D. Thomas</i> 3/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME FOSTER, SAMMY STREET ADDRESS 1207 TEMPLE CIRCLE CITY-ST-ZIP HAINES CITY, FL 33844	<input type="checkbox"/> Delete			TITLE D NAME Pitts, Willie M. STREET ADDRESS 225 North 23rd Street CITY-ST-ZIP Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME FIELDER, SEFFIE STREET ADDRESS 2212 N 13TH ST CITY-ST-ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete			TITLE D NAME Pitts, Marvin D. STREET ADDRESS 225 North 23rd Street CITY-ST-ZIP Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME CHAVIS, JOHNNIE STREET ADDRESS 78 HOLIDAY MANOR CITY-ST-ZIP HAINES CITY, FL	<input type="checkbox"/> Delete			TITLE D NAME McDowell, Hattie F. STREET ADDRESS 1108 Avenue N CITY-ST-ZIP Haines City, FL 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME COMMINGS, ELBERT STREET ADDRESS 1210 AVE 1 CITY-ST-ZIP HAINES CITY, FL	<input type="checkbox"/> Delete			TITLE D NAME Wells, Sarah A. STREET ADDRESS 4413 Mahogany Run S.E. CITY-ST-ZIP Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME FASON, BEATRICE STREET ADDRESS 724 NORTH 8TH STREET CITY-ST-ZIP HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME RILEY, DAVID STREET ADDRESS 4044 MAHOGANY RUN SE CITY-ST-ZIP WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Larry D. Thomas</i> <i>Larry D. Thomas</i> 3/1/04 863-422-3429 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						