


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90003 005 ****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		
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 59-3409446	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, SAMMY 1207 TEMPLE CIRCLE HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D PITTS, WILLIE M 225 NORTH 23RD ST. HAINES CITY, FL 33844	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D CHAVIS, JOHNNIE 78 HOLIDAY MANOR HAINES CITY, FL	<input type="checkbox"/> Delete	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D COMMINGS, ELBERT 1210 AVE 1 HAINES CITY, FL	<input type="checkbox"/> Delete	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D PITTS, MARVIN 225 NORTH 23RD. ST. HAINES CITY, FL 33844	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D RILEY, DAVID 4044 MAHOGANY RUN SE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Jerry D. Thomas Jr.</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 17/30/06 (813) 422-3429					