

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

08-08-2006 90002 009 *****61.25

N98000001346

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 11 AM 11:13



2nd MOORE CR2E037 (4/06)

DOCUMENT # N98000001346 1. Entity Name REDEEMED CHRISTIAN CENTER CHURCH, INC.					
Principal Place of Business PO BOX 9136 BRADENTON FL 34206			Mailing Address PO BOX 9136 BRADENTON FL 34206		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, CHARLENE 2815 7TH STREET EAST BRADENTON FL 34208				7. Name and Address of New Registered Agent	
				Name Jones, LATISHA	
				Street Address (P.O. Box Number is Not Acceptable)	
				302 26th Ave W Apt. 801	
				City Bradenton FL Zip Code 34205	
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 <u><i>LATISHA JONES</i></u> Secretary DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))					
FILE NOW: FEE IS \$61.25 Due By September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 EVANS, GLEN 702 29TH STREET WEST BRADENTON FL 34205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, CHARLENE 2815 7TH STREET EAST BRADENTON FL 34208	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENTON, GERALD 917 WINTER GARDEN DRIVE SARASOTA FL 34243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 or without other like empowered.					
SIGNATURE: <u><i>Latisha Jones</i></u>			2 Aug 06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		