


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02172007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JONES, LATISHA
302 26TH AVENUE WEST, APT 801
BRADENTON, FL 34205

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IN THIS SPACE

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) **DATE** _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000650015
03/07/07-80076-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, GLEN 702 29TH STREET WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, LATISHA 302 26TH AVENUE WEST, APT 801 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAM, THOMAS 7080 45TH AVENUE WEST, APT 13 BRADENTON, FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD EVANS, RENEE Y 702 29TH STREET WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Feb 07 941-708-3600
Date Daytime Phone #