


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90133 048 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000006022					
1. Corporation Name THE REDEEMED CHRISTIAN CHURCH OF GOD, JESUS HOUSE, FLORIDA INC.					
Principal Place of Business 12142 ST. ANDREWS PLACE #110 MIRAMAR FL 33025			Mailing Address 12142 ST. ANDREWS PLACE #110 MIRAMAR FL 33025		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number EIN - 65 0875574	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	30	

9. Name and Address of Current Registered Agent BOLOGUN, HENRY A 12142 ST. ANDREWS PLACE #110 MIRAMAR FL 33025				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Henry A. Bologun (NOTE: Registered Agent signature required when reinstating) DATE Jan 15th 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	ENOCH ADEJARE ADEBOYE (PASTOR)
STREET ADDRESS		1.3 STREET ADDRESS	921, PHILADELPHIA AVENUE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SILVERSPRING MD, 20910
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ACTU IBUKWU (PASTOR)
STREET ADDRESS		2.3 STREET ADDRESS	191, RUSSELL ROAD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NORTHOLT MIDDLESEX CT. BRITAIN
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ATOLABI GHANDI OLADYE (PASTOR)
STREET ADDRESS		3.3 STREET ADDRESS	10929, BUCKNELL DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SILVERSPRING MD 20902
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	OLUSOLA ADEAGBA (PASTOR)
STREET ADDRESS		4.3 STREET ADDRESS	54, HYDREWOD, BAMPTON RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LONDON SE23 1BT, GT. BRITAIN
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ADENIYI ADEWUNMI (MA)
STREET ADDRESS		5.3 STREET ADDRESS	12040 WEST SAMPLE RD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL SPRINGS FL 33065
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	HENRY A. O. BALOGUN (PASTOR)
STREET ADDRESS		6.3 STREET ADDRESS	12142 ST. ANDREWS PL. #110
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIRAMAR FL 33025

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry A. Bologun REQUIRED DATE Jan 15th 1999 954 443 5822

CR2E037 (11/98)