

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002157

**Entity Name:** YAHWEH REDEEMED INTERNATIONAL MINISTRIES INC**Current Principal Place of Business:**2707 JAMAICA DRIVE  
MIRAMAR, FL 33023**Current Mailing Address:**2707 JAMAICA DRIVE  
MIRAMAR, FL 33023**FEI Number: 56-2644508****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CLARKE, CARREEN OREV. DR  
2707 JAMAICA DRIVE  
MIRAMAR, FL 33023 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                          |
|-----------------|--------------------------|
| Title           | P                        |
| Name            | CLARKE, CARREEN OREV. DR |
| Address         | 2707 JAMAICA DRIVE       |
| City-State-Zip: | MIRAMAR FL 33023         |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | CLARKE, DAVE C ELDER |
| Address         | 2707 JAMAICA DRIVE   |
| City-State-Zip: | MIRAMAR FL 33023     |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | CLARKE, CHADIA OMIN. |
| Address         | 2707 JAMAICA DRIVE   |
| City-State-Zip: | MIRAMAR FL 33023     |

|                 |                                |
|-----------------|--------------------------------|
| Title           | T                              |
| Name            | HARDY-HIBBERT, MAJORIE E       |
| Address         | 1960 SW 81ST AVENUE<br>APT 102 |
| City-State-Zip: | NORTH LAUDERDALE FL 33068      |

|                 |                                          |
|-----------------|------------------------------------------|
| Title           | S                                        |
| Name            | DAYS, LURINE                             |
| Address         | 440 NW 214 STREET<br>APT 101 BUILDING 17 |
| City-State-Zip: | MIAMI FL 33169                           |

|                 |                   |
|-----------------|-------------------|
| Title           | T                 |
| Name            | SMITH, RENEE L    |
| Address         | 6544 SW 27 STREET |
| City-State-Zip: | MIRAMAR FL 33023  |

|                 |                            |
|-----------------|----------------------------|
| Title           | DIRECTOR                   |
| Name            | BLACKWOOD-PEYNADO, JANET A |
| Address         | 936 PENNSYLVANIA AVENUE    |
| City-State-Zip: | DAVIE FL 33312             |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CARREEN CLARKE****P****01/31/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date