

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010594

Entity Name: REDEEMING LIFE OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

2516 S. OAK AVENUE
SANFORD, FL 32773

Current Mailing Address:

P. O. BOX 1496
SANFORD, FL 32772-1496

FEI Number: 46-1469685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWMAN, WILLIAM RJR.ESQ.
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 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 OFFICER, PRESIDENT, CHAIRMAN
Name DEWITT, EDWARD J
Address 933 MILSHORE DRIVE
City-State-Zip: CHULUOTA FL 32766

Title OFFICER, SECRETARY, TREASURER
Name DEWITT, KATHERINE E
Address 911 MILSHORE DRIVE
City-State-Zip: CHULUOTA FL 32766

Title OFFICER, DIRECTOR
Name BROOKS, JOE W
Address 200 BRYNWOOD LANE
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name BUIE, CARSANDRA
Address 104 ELLEN PLACE
City-State-Zip: SANFORD FL 32771

Title DIRECTOR
Name MASON, LORA K
Address 713 MILLS ESTATE PLACE
City-State-Zip: CHULUOTA FL 32766

Title DIRECTOR
Name WROBLESKI, LEAH
Address P.O. BOX 621268
City-State-Zip: OVIEDO FL 32762

Title DIRECTOR
Name DOUDNEY, DOUGLAS
Address 2878 SOUTH OSCEOLA AVENUE
City-State-Zip: ORLANDO FL 32896

Title EXECUTIVE DIRECTOR
Name DEWITT, SHERYL W
Address 933 MILLSHORE DRIVE
City-State-Zip: CHULUOTA FL 32766

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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: SHERYL DEWITT

EXECUTIVE DIRECTOR

03/08/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name TRICKEY, KELLY
Address 1259 SECOND AVENUE
City-State-Zip: CHULUOTA FL 32766

Title DIRECTOR
Name KENNEDY, STEVE
Address 1104 NORTHERN WAY
City-State-Zip: WINTER SPRINGS FL 32708