2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000005556

Entity Name: REDEEMING INFLUENCE COMMUNITY OUTREACH, INC.

FILED
Apr 06, 2017
Secretary of State
CC8122561950

Current Principal Place of Business:

2856 DOUGLAS STREET FORT MYERS, FL 33916

Current Mailing Address:

2856 DOUGLAS STREET FORT MYERS, FL 33916

FEI Number: 47-5619561 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GLOVER, CHERYL R 2856 DOUGLAS STREET FORT MYERS, FL 33916 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 CO-FOUNDER	Title	SECRETARY
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Name GLOVER, WILLIAM L DR Name GOHAGEN-MOSLEY, VICKI L DR

Address 2856 DOUGLAS STREET Address 2856 DOUGLAS STREET

City-State-Zip: FORT MYERS FL 33916 City-State-Zip: FORT MYERS FL 33916

Title MEMBER Title MEMBER

NameVERTUS, GWENDOLYNNameSPEARS, RODERICKAddress2856 DOUGLAS STREETAddress2856 DOUGLAS STREETCity-State-Zip:FORT MYERS FL 33916City-State-Zip:FORT MYERS FL 33916

Title D Title MEMBER

NameWATSON, KAREN PNameJACKSON, ELIZABETHAddress2856 DOUGLAS STREETAddress2856 DOUGLAS STREETCity-State-Zip:FORT MYERS FL 33916City-State-Zip:FORT MYERS FL 33916

Title CO-FOUNDER Title MEMBER

NameGLOVER, CHERYL RNameMURRAY, BRITTNEY D.Address2856 DOUGLAS STREETAddress2856 DOUGLAS STREETCity-State-Zip:FORT MYERS FL 33916City-State-Zip:FORT MYERS FL 33916

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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: CHERYL GLOVER COFOUNDER 04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title TREASURER
Name TOLBERT, LISA

Address 2856 DOUGLAS STREET
City-State-Zip: FORT MYERS FL 33916