

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000005556

**Entity Name:** REDEEMING INFLUENCE COMMUNITY OUTREACH, INC.**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
Name	GLOVER, WILLIAM L DR
Address	2856 DOUGLAS STREET
City-State-Zip:	FORT MYERS FL 33916

Title	SECRETARY
Name	GOHAGEN-MOSLEY, VICKI L DR
Address	2856 DOUGLAS STREET
City-State-Zip:	FORT MYERS FL 33916

Title	D
Name	WATSON, KAREN P
Address	2856 DOUGLAS STREET
City-State-Zip:	FORT MYERS FL 33916

Title	CO-FOUNDER
Name	GLOVER, CHERYL R
Address	2856 DOUGLAS STREET
City-State-Zip:	FORT MYERS FL 33916

Title	DIRECTOR
Name	FELSTON, TOYA
Address	2856 DOUGLAS ST
City-State-Zip:	FORT MYERS FL 33916

Title	DIRECTOR
Name	CUMMINGS, GAIL
Address	2856 DOUGLAS ST
City-State-Zip:	FORT MYERS FL 33916

*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 R. GLOVER**CO FOUNDER****03/27/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date