

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19621

Entity Name: REDEEMING LIGHT CENTER, INC.**Current Principal Place of Business:**109 WASHINGTON AVENUE
EATONVILLE, FL 32810**Current Mailing Address:**109 WASHINGTON AVENUE
ORLANDO, FL 32810 US**FEI Number:** 59-2774162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, THOMAS J
32140 DEWBERRY LANE
SORRENTO, FL 32776 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	PRESIDENT
Name	BROWN, THOMAS J
Address	32140 DEWBERRY LN
City-State-Zip:	SORRENTO FL 32776

Title	D
Name	KIMBLE, RONALD
Address	63 E. KENNEDY BLVD
City-State-Zip:	EATONVILLE FL 32751

Title	D
Name	BROWN, BEVERLY
Address	32140 DEWBERRY LANE
City-State-Zip:	SORRENTO FL 32776

Title	D
Name	LEE, THOMAS
Address	7001 WALLACE ROAD
City-State-Zip:	ORLANDO FL 32819

Title	D
Name	MORRIS, CLIFF
Address	3000 BRUTON BLVD
City-State-Zip:	ORLANDO FL 32805

Title	D
Name	REYNOSO, FRANK
Address	737 LANCASTER ROAD
City-State-Zip:	ORLANDO FL 32809

Title	PASTOR
Name	REYNOLDS, JERMAINE D
Address	152 EDGEWATER CIRCLE
City-State-Zip:	SANFORD FL 32773

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: THOMAS J BROWN**PRESIDENT****02/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date