

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000006306

**Entity Name:** REDEEMING LIGHT COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

109 WASHINGTON AVE.  
EATONVILLE, FL 32810

**Current Mailing Address:**

109 WASHINGTON AVE.  
EATONVILLE, FL 32810

**FEI Number: 59-3616459**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BROWN, THOMAS  
32140 DENBERRY 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 PD  
Name WHITE, SHARON  
Address 6139 ARUNDEL DR.  
City-State-Zip: ORLANDO FL 32808

Title D  
Name PEED, NANCY  
Address 836 S. LAKE ADAIR BLVD  
City-State-Zip: ORLANDO FL 32804

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

Title D  
Name JAKES, JEFF  
Address 1300 W. MAITLAND BLVD  
City-State-Zip: MAITLAND FL 32751

*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 BROWN**

**TREASURER**

**02/14/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date