## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708931

(1)

## HOLY REDEEMER CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business		Mailing Address							
2090 N.W. 26TH	STREET	P.O. BOX 8572				i			
FORT LAUDERDALE FL 33311		FT. LAUDERDALE FL 33310-8572							
		US				3. Date Incorporated or Qualified 05/11/1965	3a. Date of La 04/29	st Report /1996	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	-1	Applied For	
21	300 01 000000	26				59-5223171 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			·		<b>58.</b>	75 Additional	
22		27				5. Certificate of Status Desired	T	e Required	
City & State		City & State				6. Election Campaign Financing	\$5	00 May Be	
23		28				Trust Fund Contribution	Added to Fees		
Zip	Country Zip		Country			8. This corporation has liability for	ntangible tax unc	ler s. 199.032.	
24	25	29	30			Florida Statutes Yes No		, , , , , , , , , , , , , , , , , , , ,	
E-7	9. Name and Address of Current		1001	T		10. Name and Address of New Re	gistered Agent		
				81	Name				
BRYAN, HARVEY D SR					<del></del>		<del>, , , , , , , , , , , , , , , , , , , </del>		
			82 Street Ad			dress (P.O. Box Number is Not Acceptable)			
	V. 27TH TERRACE			83	<del></del>				
FI LAUD	ERDALE FL 33311	!							
				84	City		FL 85	Zip Code	
11 Pursuant to	o the provisions of Sections 617 0502	and 617 1508. Florida Stat	tutes the e	bove	-named corr	poration submits this statement for the p	urpose of change	na its registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change wa	s authorize	o by	the corpora	tion's board of directors. I hereby accept	ot the appointmen	nt as registered	
SIGNATURE _							DATE		
	Signature, typed or printed name of registered agen OFFICERS AND		13.		nt signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
12.	PDC	DELETE	1.17			ADDITIONS/OFFICIAL TO STITLE	Cha		
TITLE		□ otterit				•			
NAME	BRYAN, HARVEY D SR	1.2 M			1000000			i	
STREET ADDRESS	1700 NW 27TH TERRACE				ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33311			CITY-S	T-ZIP		Cha	nge Addition	
TITLE			IITLE			LJ UK	uite 🗀 vooreen		
NAME	BRYAN, ALAMARIE M SR			MAME					
STREET ADDRESS	1700 NW 27TH TERRACE		2.3 9	STREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33311			CITY-S	ST-ZIP	4.6	110	4.400	
₹ITL€ .	D	☐ DELETE	3.1 1	TITLE	ŀ		∐ Cha	inge 🗀 Addition	
NAME	RUSSELL, CORLISS		3.21	NAME					
STREET ADDRESS	3755 N.W. 24TH STREET		3.3 8	STREET	ADDRESS			*	
CITY-ST-ZIP	LAUDERDALE LAKES FL 3331		3.4.	CITY-S	ST - ZIP				
TITLE	COB	☐ DELETE	4.11	TITLE			☐ Cha	inge 🔲 Addition	
NAME	Bryan, Harvey D SR		4. 2	NAME					
STREET ADDRESS	1700 N.W. 27TH TERRACE		4.3 STR		ADDRESS				
CITY-ST-7IP	FT. LAUDERDALE FL 33311		4.4 CI		T-ZIP				
TITLE	S	DELETE	5.1	TITLE			☐ Chi	ange 🔲 Addition	
NAME	BRYAN, HARVEY D SR		5.21	NAME					
STREET ADDRESS	1700 N.W. 27TH TERRACE		533	STREET	ADDRESS				
CITY · S1 - ZIP	FT. LAUDERDALE FL 33311			CITY-S	1				
TITLE	briggermine to over	DELETE	<del> </del>	TITLE			☐ Chi	ange Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
STREET ADDRESS				CITY_S					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an estachment with an address.

SIGNATURE:

NATURE AND TYPED DIFFRINTED NAME OF SIGNING OF COR OF TARRECT OF

1/28/97

Daytime Phone # 0036013

**FILED** 

Mar 10 1997 8:00am

Secretary of State