FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 20, 1999 8:00 am
Secretary of State
02-20-1999 90035 008 ****61.25

0037106

DOCUMENT # 708931

1. Corporation Name

HOLY REDEEMER CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business	Mailing Address
2090 N.W. 26TH STREET FORT LAUDERDALE FL 33311	P.O. BOX 8572 FT. LAUDERDALE FL 33310-8572 US

2. Principal Place of Business	21	2a. Mailing Address	26	3. Date Incorporated or Qualifed 05/11/1965
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27	4. FEI Number 59-5223171 / Applied For / Not Applicable
City & State	23	City & State	28	5. Certifcate of Status Desired ☐ / $8.75 Additional Fee Required
Zip / Country	24 / 25	Zip / Country	29 / 30	6. Election Campaign Financing ☐ Trust Fund Contribution / $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

BRYAN, HARVEY D SR 1700 N.W. 27TH TERRACE FT LAUDERDALE FL 33311	81	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, HARVEY D SR		1.2 NAME	
STREET ADDRESS	1700 NW 27TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, ALAMARIE M SR		2.2 NAME	
STREET ADDRESS	1700 NW 27TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33311		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, CORLISS		3.2 NAME	
STREET ADDRESS	3755 N.W. 24TH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		3.4. CITY-ST-ZIP	
TITLE	COB	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, HARVEY D SR		4.2 NAME	
STREET ADDRESS	1700 N.W. 27TH TERRACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BRYAN, HARVEY D SR		5.2 NAME	
STREET ADDRESS	1700 N.W. 27TH TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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 attachment with an address, with all other like empowered.

SIGNATURE: _____   Feb. 4, 1999   735-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)