

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90173 029 ****61.25

DOCUMENT # 708931

1. Entity Name

HOLY REDEEMER CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

2090 N.W. 26TH STREET
 FORT LAUDERDALE FL 33311

Mailing Address

P.O. BOX 8572
 FT. LAUDERDALE FL 33310-8572
 US

00020422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-5223171

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BRYAN, HARVEY D SR
1700 N.W. 27TH TERRACE
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PDC BRYAN, HARVEY D SR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1700 NW 27TH TERRACE FT LAUDERDALE FL 33311	
TITLE NAME	VSD BRYAN, ALAMARIE M SR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1700 NW 27TH TERRACE FT LAUDERDALE FL 33311	
TITLE NAME	D RUSSELL, CORLISS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3755 N.W. 24TH STREET LAUDERDALE LAKES FL 33311	
TITLE NAME	COB BRYAN, HARVEY D SR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1700 N.W. 27TH TERRACE FT. LAUDERDALE FL 33311	
TITLE NAME	S BRYAN, HARVEY D SR	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1700 N.W. 27TH TERRACE FT. LAUDERDALE FL 33311	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 5, 2000 **954-730-7855**
 Date Daytime Phone #

CR2E037 (9/99)