

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005409

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: REDEEMER PRESBYTERIAN CHURCH OF CITRUS COUNTY, INC.

**Current Principal Place of Business:**

111 W MAIN ST  
INVERNESS, FL 34450

**New Principal Place of Business:**

111 W MAIN ST  
SUITE 207  
INVERNESS, FL 34450

**Current Mailing Address:**

111 W MAIN ST  
INVERNESS, FL 34450

**New Mailing Address:**

111 W MAIN ST  
SUITE 207  
INVERNESS, FL 34450

FEI Number: 33-1066771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, ROBERT  
111 W MAIN ST  
INVERNESS, FL 34450 US

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

COHEN, ROBERT  
111 W MAIN ST  
SUITE 207  
INVERNESS, FL 34450 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: ROBERT COHEN

03/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JEFFES, RYAN S  
Address: 919 W MASSACHUSETTE ST  
City-St-Zip: HERNANDO, FL 34442

Title: D ( ) Delete  
Name: MIEDEMA, ROD  
Address: 3688 S. CANADIAN WAY  
City-St-Zip: HOMOSASSA, FL 34448

Title: D ( ) Delete  
Name: OTTO, MICKEY  
Address: 4730 SANDY HILL ST  
City-St-Zip: LECANTO, FL 34461

Title: T ( ) Delete  
Name: COHEN, R.A.  
Address: 111 W MAIN ST. STE. 207  
City-St-Zip: INVERNESS, FL 34450

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: R.A. COHEN

T

03/25/2009

Electronic Signature of Signing Officer or Director

Date