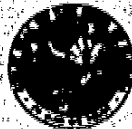


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 12:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N46456

(2)

1. Corporation Name

REDEEMER BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**20035 QUESADA STREET
PORT CHARLOTTE FL 33962**

**20035 QUESADA STREET
PORT CHARLOTTE FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1991

3a. Date of Last Report

04/08/1994

4. FEI Number

65-0280703

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, FLETCHER
124 NORTH BREVARD
ARCADIA FL 33821**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **GUITEAU, JACQUES**
STREET ADDRESS **1093 MACLELLAN AVE**
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE **VD**
NAME **GUITEAU, CIVITA**
STREET ADDRESS **1093 MACLELLAN AV**
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE **TD**
NAME **LOUIS, JONAS**
STREET ADDRESS **22194 OCEAN BLVD**
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE **S**
NAME **JASMIN, MAJRIE B**
STREET ADDRESS **23036 WESTCHESTER**
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **23327 Mayville Avenue**

1.4 CITY - ST - ZIP **Pt. Charlotte Florida 33980**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **23327 Mayville Avenue.**

2.4 CITY - ST - ZIP **Pt. Charlotte, FL 33980**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **22318 Walton Avenue**

4.4 CITY - ST - ZIP **Pt. Charlotte, FL.**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jacques Guiteau

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11, 1995

DATE

(813) 624-4671

DAYTIME PHONE #