


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90038 035 \*\*\*\*70.00

|   |  |   |  |  |                                |
|---|--|---|--|--|--------------------------------|
| <b>DOCUMENT # N05000000881</b>  |  |   |  |   |                                |
| <b>1. Entity Name</b><br><b>CHURCH OF THE BLESSED REDEEMER, INC.</b>  |  |   |  |  |                                |
| <b>Principal Place of Business</b><br>1000 JERSEY LANE<br>PALM BAY, FL 32190-5  |  |   | <b>Mailing Address</b><br>1000 JERSEY LANE<br>PALM BAY, FL 32190-5   |  |                                |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>   |  |  |                                |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |  |                                |
| City & State  |  | City & State  |  |  |                                |
| Zip   | Country  | Zip   | Country  | <b>4. FEI Number</b><br>20-2276294   |                                |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>   |  |   |  | <b>\$8.75 Additional Fee Required</b>  |                                |
| <b>6. Name and Address of Current Registered Agent</b><br><br>MANNING, RONALD F<br>510 GARDENDALE CIR<br>PALM BAY, FL 32907   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |  |                                |
| <b>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. I am familiar with, and accept the obligations of registered agent.</b>  |  |   |  |  |                                |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |                                |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |  | <b>9. Election Campaign Financing<br/>Trust Fund Contribution.</b> <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |                                |
| <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |  |                                |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |                                |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>DP</b><br>MANNING, RON<br>510 GARDENDALE CIR<br>PALM BAY, FL 32009 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |                                |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>T</b><br>EDINBORO, SONIA<br>467 SOUNDERS RD<br>PALM BAY, FL 32909 <div style="text-align: right;"><input type="checkbox"/> Delete</div>                 |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |                                |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>VD</b><br>FLOWERS, ROY<br>779 RALEIGH RD<br>PALM BAY, FL 32907 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>         |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>VD</b><br>Lopez, ALVIN<br>1694 ADVIEW Road SE<br>Palm Bay, FL 32909 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>            |                                |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>T</b><br>FORBES, RAYMOND<br>962 SIERRA PL, NE<br>PALM BAY, FL 32907 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>    |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>TT</b><br>Roberts Hyacinth<br>785 Parsons Circle SE<br>Palm Bay, Florida 32907 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> |                                |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <b>SD</b><br>HOLNESS, GLORIA<br>1120 GLENCOE AVE SE<br>PALM BAY, FL 32907 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <b>SD</b><br>Fisher, Antoinette<br>471 Godfrey Road SE<br>Palm Bay, Florida 32909 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> |                                |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |   | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>  |                                |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |  |   |  |  |                                |
| <b>SIGNATURE:</b> <i>Ronald F. Manning</i>  |  |   | 3-19-07  |  | 321-725-6851                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | <small>Date</small>  |  | <small>Daytime Phone #</small> |