

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000002830

**Entity Name:** HOLY APOSTOLIC CHURCH OF REDEMPTION INC**Current Principal Place of Business:**3444 MARINATOWN LANE SIUTE 14  
NORTH FORT MYERS, FL 33903**Current Mailing Address:**3444 MARINATOWN LANE SIUTE 14  
NORTH FORT MYERS, FL 33903 US**FEI Number: 86-1645662****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**NOBLE CONNECTIONS & SERVICES BUSINESS  
3444 MARINATOWN LANE SIUTE 15  
NORTH FORT MYERS, FL 33909 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	COOPER, MARCKOVSKI C
Address	3444 MARINATOWN LANE SIUTE 14
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	SEC
Name	AMBROISE, BETHCIY
Address	3444 MARINATOWN LANE SIUTE 14
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	DIR
Name	COOPER, MARCKOVSKI C
Address	3444 MARINATOWN LANE SIUTE 14
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	TRE
Name	NOBLE, MURIELLE
Address	3444 MARINATOWN LANE SIUTE 14
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	DIR
Name	AMBROISE, BETHCIY
Address	3444 MARINATOWN LANE SIUTE 14
City-State-Zip:	NORTH FORT MYERS FL 33903

Title	DIR
Name	NOBLE, MURIELLE
Address	3444 MARINATOWN LANE SIUTE 14
City-State-Zip:	NORTH FORT MYERS FL 33903

*I hereby 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 all other like empowered.*

**SIGNATURE: MURIELLE NOBLE****TRES****02/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date