

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 761475 (3)
1. Corporation Name
REDLANDS COMMUNITY CHURCH, INC.



Principal Place of Business: 14601 S.W. 248TH STREET HOMESTEAD FL 33032
Mailing Address: 14601 S.W. 248TH STREET HOMESTEAD FL 33032

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/15/1982		04/24/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-2188475		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 HAROLD L. GREENE 1451 BRICKELL AVENUE MIAMI FL 33131				8. Yes <input type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
24 HAROLD L. GREENE 1451 BRICKELL AVENUE MIAMI FL 33131		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
T FRYE, GERALD 27105 SW 197 AVE HOMESTEAD FL		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
T HOOK VAN, RAYMOND 16365 SW 280 ST HOMESTEAD FL		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
T KNOTT, HAROLD 1309 NW 1ST AVE. HOMESTEAD FL		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
T BARNETT, WAYNE 15042 SW 169 LN MIAMI FL		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
T		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond W. Van Hook Date: 4/12/96 Daytime Phone #: 305-247-1286
RAYMOND W. VAN HOOK

CR2E037 (12/95)