

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90146 026 ****61.25

DOCUMENT # 761475

1. Entity Name

REDLANDS COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

**14601 S.W. 248TH STREET
 HOMESTEAD FL 33032**

**14601 S.W. 248TH STREET
 HOMESTEAD FL 33032-5309**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2188475

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAROLD L. GREENE
 1451 BRICKELL AVENUE
 MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T Delete
 NAME **FRYE, GERALD**
 STREET ADDRESS **27105 SW 197 AVE**
 CITY-ST-ZIP **HOMESTEAD FL**

Change Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

T Delete
 NAME **HURWITT, ELLIOT**
 STREET ADDRESS **22400 SW 152 AVE**
 CITY-ST-ZIP **MIAMI FL 33170**

Change Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

T Delete
 NAME **KNOTT, HAROLD**
 STREET ADDRESS **1309 NW 1ST AVE.**
 CITY-ST-ZIP **HOMESTEAD FL**

Change Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

T Delete
 NAME **BARNETT, WAYNE**
 STREET ADDRESS **15042 SW 169 LN**
 CITY-ST-ZIP **MIAMI FL**

Change Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

Delete
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

Change Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

Delete
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

Change Addition
 TITLE _____
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____

Harold L. Greene
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2000
 Date

305 258 1132
 Daytime Phone #

CR2E037 (9/99)