

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-07-2001 90027 030 ****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

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

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

TITLE	T	<input type="checkbox"/> Delete
NAME	FRYE, GERALD	
STREET ADDRESS	27105 SW 197 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HURWITT, ELLIOT	
STREET ADDRESS	22400 SW 152 AVE	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KNOTT, HAROLD	
STREET ADDRESS	1309 NW 1ST AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, WAYNE	
STREET ADDRESS	15042 SW 169 LN	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPEL, DALE	
STREET ADDRESS	24912 SW 127 PATH	
CITY-ST-ZIP	HOMESTEAD, FL 33032	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES GONZALEZ	
STREET ADDRESS	27050 SW 189 AVE	
CITY-ST-ZIP	HOMESTEAD, FL 33031	

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

SIGNATURE REQUIRED

4/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sal Chapel

6/10/01

CR2E037 (10/00)