

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000001539 (5)

1. Corporation Name

A UNITED CHURCH OF THE REDEEMED AND MINISTRIES I  
NC.



Principal Place of Business

Mailing Address

RT. 3, BOX 47  
HAWTHORNE FL 32640

RT. 3, BOX 47  
HAWTHORNE FL 32640

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/28/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

593226816

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

WOLFE, LARRY  
200-A JOHN KNOX RD.  
TALLAHASSEE FL 32303-6643

61 Name

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

63

64 City

FL

65 Zip Code

I, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME DENMARK, MATTIE LEE  
STREET ADDRESS RT. 3, BOX 47  
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE VD ☐ DELETE  
NAME JOHNSON, FANNIE MAE  
STREET ADDRESS RT. 3, BOX 234  
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE S ☐ DELETE  
NAME SMITH, DEBORAH  
STREET ADDRESS P.O. BOX 1710 N/A  
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE T ☐ DELETE  
NAME GIRTMAN, NUDINE B  
STREET ADDRESS RT. 1, BOX 121-A  
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE D ☐ DELETE  
NAME COLLIE, CAROLYN M  
STREET ADDRESS 825 KINGS HWY.  
CITY-ST-ZIP LEWES DE 19958

TITLE D ☒ DELETE  
NAME STANLEY, HELEN  
STREET ADDRESS RT. 2, BOX 268B  
CITY-ST-ZIP BRIDGEVILLE DE 19933

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D  
1.3 STREET ADDRESS GUTHRIE, VIVIAN E  
1.4 CITY-ST-ZIP RT. 3, BOX 47 (N/A)  
HAWTHORNE, FL 32640

2.1 TITLE D  
2.2 NAME GAY, WILLIE  
2.3 STREET ADDRESS P.O. Box 1346 (N/A)  
2.4 CITY-ST-ZIP HAWTHORNE, FL 32640

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME 900001869919  
5.3 STREET ADDRESS -06/20/96--01069--029  
5.4 CITY-ST-ZIP \*\*\*70.00

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

*Mattie Lee Denmark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 352-481-3896  
Date Daytime Phone #

CR2E037 (12/95)