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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32640-9506

3. Date Incorporated or Qualified
03/28/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 916 N.W. 6th Ave

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Hawthorne, Florida

28 City & State

24 32640

29 Zip

25 U.S.A.

30 Country

4. FEI Number
59-3226816

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

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

Signature by a notary public 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 GUTHRIE, VIVIAN E
STREET ADDRESS RT 3 BOX 47 N/A
CITY-ST-ZIP HAWTHORNE FL 32640

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Andrew Gray
1.3 STREET ADDRESS P.O. Box 1346 N/A
1.4 CITY-ST-ZIP Hawthorne, Florida 32640

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 Mattie L. Denmark

2-19-97-352-481-3870

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0011583

CR2E037 (9/96)