

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90016 050 \*\*\*\*61.25

**DOCUMENT # N00000004401**

1. Entity Name

**THE TEMPLE OF REDEMPTION, INC.**

Principal Place of Business

**100 MEMORIAL PARKWAY  
 UNIT D408  
 PALATKA FL 32177**

Mailing Address

**100 MEMORIAL PARKWAY  
 UNIT D408  
 PALATKA FL 32177**

2. Principal Place of Business

**100 MEMORIAL PKWY**

Suite, Apt. #, etc.

**D408**

City & State

**Palatka FL**

Zip

**32177**

Country

**Putnam**

3. Mailing Address

**100 MEMORIAL PKWY**

Suite, Apt. #, etc.

**D408**

City & State

**Palatka FL**

Zip

**32177**

Country

**Putnam**

4. FEI Number

**91-3656407**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**SPIEGEL & UTRERA, P.A.**

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

**343 ALMERIA AVENUE**

**CORAL GABLES**

City

**FL**

Zip Code

**33134**

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  
 After September 12, 2001, min. will be \$236.25**

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 **PD** ☐ Delete  
 NAME **MCDUFFIE, ESTHER M**  
 STREET ADDRESS **100 MEMORIAL PARKWAY**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **V** ☐ Delete  
 NAME **SEYMOUR, TIM**  
 STREET ADDRESS **100 MEMORIAL PARKWAY**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **SD** ☐ Delete  
 NAME **KNOWLES, KIM**  
 STREET ADDRESS **100 MEMORIAL PARKWAY**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **TD** ☐ Delete  
 NAME **MYLES, MARY F**  
 STREET ADDRESS **100 MEMORIAL PARKWAY**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition  
 NAME **MCDUFFIE, ESTHER, M**  
 STREET ADDRESS **100 MEMORIAL PKWY**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **V** ☐ Change ☐ Addition  
 NAME **SEYMOUR, TIM**  
 STREET ADDRESS **100 MEMORIAL PKWY**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **SD** ☐ Change ☐ Addition  
 NAME **KNOWLES, KIM**  
 STREET ADDRESS **100 MEMORIAL PKWY**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **TD** ☐ Change ☐ Addition  
 NAME **MYLES, MARY F**  
 STREET ADDRESS **100 MEMORIAL PKWY**  
 CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE ☐ Change ☐ Addition  
 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.

**ESTHER M MCDUFFIE**

SIGNATURE:

SIGNATURE REQUIRED

**Esther M Mcduffie**

CR2E037 (5/01)