FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00884 (9)

1. Corporation Name

CHURCH OF THE REDEEMER OF ST. LUCIE COUNTY, INC.

Principal Place of Business	Mailing Address
3891 EDWARDS ROAD FT. PIERCE FL 34981	3891 EDWARDS ROAD FT. PIERCE FL 34981

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1984
3a. Date of Last Report: 07/18/1994
4. FEI Number: 59-2373471 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

THOMAS, J.L.
2918 PLAZA TERRACE
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	EIGE, JACOB	12 NAME	900001472859
STREET ADDRESS	2929 NICHOLAS RD.	13 STREET ADDRESS	-05/03/95--01051--017
CITY-ST-ZIP	FT. PIERCE FL 34982	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	THOMAS, J.L.	22 NAME	
STREET ADDRESS	2918 PLAZA TERR.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	PLATTS, NORMAN W.	32 NAME	
STREET ADDRESS	2953 SEMINOLE RD.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34951	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	HEFFELFINGER, L.B.	42 NAME	
STREET ADDRESS	1215 YORK AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	COTO, RAUL	52 NAME	
STREET ADDRESS	701 S.E. HOLLOHAN AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL 34983	54 CITY-ST-ZIP	
TITLE	~~D~~	61 TITLE	D ☒ Change ☐ Addition
NAME	~~KITTO, JOHN~~	62 NAME	MEADOWS, TEX
STREET ADDRESS	~~9000 COLONIAL RD. #1~~	63 STREET ADDRESS	1207 TEXAS COURT
CITY-ST-ZIP	~~FT. PIERCE FL 34982~~	64 CITY-ST-ZIP	FT. PIERCE, FL. 34950

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)(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: Jacob Eige JACOB EIGE 4/13/95 466-8100(A.M.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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