FILE NOW: FILING FEE IS $61.25

FILED
Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34981-5222

3. Date Incorporated or Qualified: 01/12/1984
3a. Date of Last Report: 06/19/1996

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

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

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

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

9. Name and Address of Current Registered Agent

J.L. THOMAS
2801 SOUTH JENKINS RD.
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: Davenport, Lesile
82 Street Address (P.O. Box Number is Not Acceptable): 338 N.E. Greenbrier Ave
83
84 City: Port St. Lucie **FL** 85 Zip Code: 34983

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: Leslie Davenport Leslie Davenport 6-24-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EIGE, JACOB		1.2 NAME		
STREET ADDRESS	2929 NICHOLAS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34982		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, J.L.		2.2 NAME		
STREET ADDRESS	2801 S. JENKINS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PLATTS, NORMAN W.		3.2 NAME		
STREET ADDRESS	2953 SEMINOLE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL 34951		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	HEFFELFINGER, L.B.		4.2 NAME	Davenport, Lesile	
STREET ADDRESS	1215 YORK AVENUE		4.3 STREET ADDRESS	338 N.E. Greenbrier Ave.	
CITY-ST-ZIP	FT. PIERCE FL 34982		4.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	COTO, RAUL		5.2 NAME	Hammock, Duain	
STREET ADDRESS	701 S.E. HOLLOHAN AVE.		5.3 STREET ADDRESS	6902 Salerno Rd.	
CITY-ST-ZIP	PT. ST. LUCIE FL 34983		5.4 CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	MEADOWS, TEX		6.2 NAME	Lewis, Leon	
STREET ADDRESS	1207 TEXAS COURT		6.3 STREET ADDRESS	4220 Mc Carty	
CITY-ST-ZIP	FT PIERCE FL 34950		6.4 CITY-ST-ZIP	Ft. Pierce, FL 34945	

CR2E037 (9/96)

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: [illegible] 6/24/97