FILE NOW: FILING FEE IS $61.25

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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
3691 EDWARDS ROAD FT. PIERCE FL 34981	3691 EDWARDS ROAD FT. PIERCE FL 34981

3. Date Incorporated or Qualified: 01/12/1984

4. FEI Number: 59-2373471 ☐ Applied For ☐ Not Applicable

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:

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVENPORT, LESILE
338 NE GREENBRIER AVE
PORT ST LUCIE FL 34983

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 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 4-29-98
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		☐ Change ☐ Addition
NAME	DAVENPORT, LESILE		4.2 NAME		
STREET ADDRESS	338 NE GREEMBRIER AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAMMOCK, DWAIN		5.2 NAME		
STREET ADDRESS	6902 SALERNO RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	VICE-PRESIDENT/DIRECTOR	☑ Change ☐ Addition
NAME	LEWIS, LEON		6.2 NAME		
STREET ADDRESS	4220 MCCARTY		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 1/22/98 561-466-8100