

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90062 013 ****70.00

DOCUMENT # N0100000269
 1. Entity Name
GREATER APOSTOLIC CHURCH OF THE REDEEM INC.



Principal Place of Business Mailing Address
 5102 TIMUQUANA RD 5102 TIMUQUANA RD
 3 JACKSONVILLE FL 32210 3 JACKSONVILLE FL 32210

2. Principal Place of Business 3. Mailing Address
 5102 TIMUQUANA RD 5102 TIMUQUANA RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 3 3

City & State City & State
 Jacksonville JACKSON, FL
 Zip Country Zip Country
 32210 DUVAL 32210 DUVAL

4. FEI Number: 59-3696016 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
 BLACK, LARRY S
 5102 TIMUQUANA RD
 3 JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent
 Name: DR. Larry S. Black SR (Pastor)
 Street Address (P.O. Box Number is Not Acceptable): 5102-3 TIMUQUANA RD
 Suite 3
 City: Jacksonville FL Zip Code: 32210

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: Dr. Larry S. Black Sr. (Pastor) DATE: 1/31/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLACK, LARRY S SR	
STREET ADDRESS	4739 HARLOW BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	E	<input type="checkbox"/> Delete
NAME	BLACK, LASAUNJALA MRS	
STREET ADDRESS	4739 HARLOW BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKWOOD, ERIC	
STREET ADDRESS	5682 BENNINGTON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKWOOD, YVETTE	
STREET ADDRESS	5682 BENNINGTON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	YM	<input type="checkbox"/> Delete
NAME	BLACK, TANGINELLA R	
STREET ADDRESS	4739 HARLOW BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	MC	<input type="checkbox"/> Delete
NAME	BROWN, RUTH	
STREET ADDRESS	10676 NORTHWYCK DR	
CITY-ST-ZIP	JACKSONVILLE FL 32218	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pastor Aide	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICIA COLBERT	
STREET ADDRESS	7867 STEAMBOAT SPRINGS COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32210-1409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.
 SIGNATURE: Dr. Larry S. Black Sr. (Pastor) DATE: 1/31/05 904-317-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR