

# 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

<b>DOCUMENT # N01000000269</b>	
1. Entity Name <b>GREATER APOSTOLIC CHURCH OF THE REDEEM INC.</b>	



Principal Place of Business <b>5102 TIMUQUANA RD 3 JACKSONVILLE FL 32210</b>	Mailing Address <b>5102 TIMUQUANA RD 3 JACKSONVILLE FL 32210</b>
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2. Principal Place of Business <b>5102 Timuquana Rd</b>	3. Mailing Address <b>5102 Timuquana Rd</b>
Suite, Apt. #, etc. <b>3</b>	Suite, Apt. #, etc. <b>3</b>

City & State <b>Jacksonville</b>	City & State <b>Jackson, FL</b>
Zip <b>32210</b>	Zip <b>32210</b>
Country <b>DUVAL</b>	Country <b>DUVAL</b>

4. FEI Number <b>59-3696016</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BLACK, LARRY S 5102 TIMUQUANA RD 3 JACKSONVILLE FL 32210</b>	
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7. Name and Address of New Registered Agent <b>DR. Larry S. Black SR (Pastor)</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5102-3 TIMUQUANA RD</b>	
Suite 3	
City <b>Jacksonville</b>	Zip Code <b>FL 32210</b>

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 <b>Dr. Larry S. Black Sr. (Pastor)</b>	DATE <b>1/31/05</b>

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BLACK, LARRY S SR 4739 HARLOW BLVD JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>E BLACK, LASAUNJALA MRS 4739 HARLOW BLVD JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOCKWOOD, ERIC 5682 BENNINGTON DR JACKSONVILLE FL 32244</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOCKWOOD, YVETTE 5682 BENNINGTON DR JACKSONVILLE FL 32244</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>YM BLACK, TANGINELLA R 4739 HARLOW BLVD JACKSONVILLE FL 32210</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MC BROWN, RUTH 10676 NORTHWYCK DR JACKSONVILLE FL 32218</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pastor Aide PATRICIA COLBERT 7867 STEAMBOAT SPRINGS COURT JACKSONVILLE, FL 32210-1409</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Dr. Larry S. Black Sr. (Pastor)</b>	DATE <b>1/31/05</b> DAYTIME PHONE # <b>904-317-3234</b>