

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90475 001 \*\*\*\*61.25

04-24-2006 90475 002 \*\*\*\*\*8.75

**DOCUMENT # N02000008655**

1. Entity Name  
**THE CHURCH OF GOD OF THE REDEMPTION, INC.**



Principal Place of Business  
**4265 LILAC ST  
PALM BEACH GARDENS, FL 33410 US**

Mailing Address  
**4265 LILAC ST  
PALM BEACH GARDENS, FL 33410 US**

**66011280**



2. Principal Place of Business

**3899 Buttercup Cir S.**

3. Mailing Address

**3899 Buttercup Cir S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Palm Beach Gardens**

City & State

**FL**

City & State

**PBG FL**

Zip

**33410**

Country

**USA**

Zip

**33410**

Country

**USA**

04122006

Chg-NP

CR2E037 (11/05)

4. FEI Number

**05-0540491**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **DP** ☐ Delete  
NAME **SUCCES, JULO**  
STREET ADDRESS **4265 LILAC STREET**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **DV** ☐ Delete  
NAME **SUCCES, WIGGINS**  
STREET ADDRESS **4265 LILAC STREET**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **DS** ☐ Delete  
NAME **BAPTISTE, ROSENITTE**  
STREET ADDRESS **4265 LILAC STREET**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **DT** ☐ Delete  
NAME **POLYDOR, CHRISTIAN**  
STREET ADDRESS **806 8TH ST**  
CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE **DT** ☐ Delete  
NAME **FLEURANT, DUMOND**  
STREET ADDRESS **917 LAUREL DR**  
CITY-ST-ZIP **LAKE PARK, FL 33403**

TITLE **DS** ☐ Delete  
NAME **BRUTUS, EDDY**  
STREET ADDRESS **809 MURANNO DR**  
CITY-ST-ZIP **LAKE PARK, FL 33403**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
NAME **Julo Succes**  
STREET ADDRESS **3899 Buttercup circle south**  
CITY-ST-ZIP **PBG FL 33410**

TITLE **DV** ☒ Change ☐ Addition  
NAME **Wiggins Succes**  
STREET ADDRESS **3899 Buttercup Cir-S.**  
CITY-ST-ZIP **PBG FL 33410**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/20/06**

**561) 628-1918**