

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-02-2003 90120 049 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO2000008655

1. Entity Name

THE CHURCH OF GOD OF THE REDEMPTION, INC.



55047535

Principal Place of Business

4265 LILAC STREET
PALM BEACH GARDENS FL 33410

Mailing Address

4265 LILAC STREET
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

4265 Lilac St

3. Mailing Address

4265 LILAC STREET

☐ CHECK HERE IF MAKING CHANGES

City & State

Palm Beach GARDENS FL

City & State

Palm Beach GARDENS

4. FEI Number

05-0540491

Applied For

Not Applicable

Zip
33410

Country

Zip

33410

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW: FEE IS \$61.25

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

TITLE DV
NAME JEAN-FRANCOIS, FRANCOIS
STREET ADDRESS 4265 LILAC STREET
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

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

TITLE DT
NAME PROPHETE, MARIE S
STREET ADDRESS 4265 LILAC STREET
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

JULIO SUCCES-REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone 561 694822

CR2E037 (10/02)