## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2006 8:00 am Secretary of State

DOCUMENT # N0300005409  1. Entity Name REDEEMER PRESBYTERIAN CHURCH OF CITRUS COUNTY, INC.						04-14-2006 90144 004 ****61.25						
111 W MAIN ST 11				Mailing Address 111 W MAIN ST INVERNESS, FL 34450					<b> </b>		<b>11 1</b> 41) <b>4 (18</b> 11 <b>181</b> 11 <b>1</b> 1	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04072006	Chg-NP	CR2	E037 (11/05)	
City & State			City & State					4. FEI Numbe 33-106	6771			pplied For lot Applicable
Zip	Zip Country		Zip		Coi	Country		5. Certificate	of Status Desir	red 🗆	\$8.75 Ad Fee Require	
	6. Name	and Address of Curren	t Register	ed Agent		<u> </u>		7. Name and	Address of N	ew Registere	d Agent	
COHEN, R 111 W MA INVERNES	IN ST	450				Street A	Address (I	P.O. Box Numbe	er is Not Accep	otable)		
						City		<del></del>		F	Zip Coo	te
	tions of regist	y submits this statement f tered agent.	o. 110 poi		rogiotali	00 01100 0	, regioto.	od agoni, or oor	ii, iii iiie otate	orrionaa. Te	att zestines vent	, and accept
		or printed name of registered ager	nt and title if app				ture required	when reinstating)		DAT	E	
	Signature, typed	or printed name of registered ager e is \$61.25 flay 1, 2006	nt and title if app	9. Election Car Trust Fund C	mpaign F	inancing	ture required	when reinstating) \$5.00 May B Added to Fees	9	Make che	eck payable teartment of S	
10.	Filing Fe Due by N	e is \$61.25		9. Election Car Trust Fund (	mpaign F	inancing ion.		\$5.00 May B		Make che Florida Dep	eck payable teartment of S	State
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12. I hereby certify that the information supplied with this filling does not quality 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 tarm any 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 a ratiachment with an address, with all other like empowered.

SIGNATURE: \_

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352 726 -0077

Daytime Phone #