

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

**FILED**  
**Jun 02, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90093 031 \*\*\*\*61.25

<b>DOCUMENT # N04000004160</b> 1. Entity Name <b>SOUGHT OUT CHURCH OF THE REDEEMED, INC.</b>					
Principal Place of Business <b>7629 LUEDERS AVE JACKSONVILLE FL 32208</b>			Mailing Address <b>7629 LUEDERS AVE JACKSONVILLE FL 32208</b>		
2. Principal Place of Business <b>12829 Warrington Oak Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>12829 Warrington Oak Road</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>		4. FEI Number <b>83-0395374</b>	
Zip <b>32258</b>		Country <b>Duval</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JENNINGS, JOHN 7629 LUEDERS AVE JACKSONVILLE FL 32208</b>			7. Name and Address of New Registered Agent Name <b>Samuel Platt</b> Street Address (P.O. Box Number is Not Acceptable) <b>12829 Warrington Oak Rd.</b> City <b>Jacksonville</b> FL Zip Code <b>32258</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 <u><b>Samuel Platt</b></u> <u><b>Samuel Platt</b></u> <u><b>06-02-05</b></u> <small>Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small>					
<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 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JENNINGS, JOHN H 7629 LUEDERS AVE JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PASTOR Samuel Platt 12829 Warrington Oak Rd Jacksonville, FL 32258	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JENNINGS, ROSETTA 7629 LUEDERS AVE JACKSONVILLE FL 32208	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	T Sharonda Platt 12829 Warrington Oak Rd. Jacksonville FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Lorenzo Platt 1741 W. 9th St. Jacksonville FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u><b>Samuel Platt</b></u> <u><b>Samuel Platt</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><b>03-04-05 (904) 268-0335</b></u> <small>Date Daytime Phone #</small>		