



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90007 026 ****61.25

DOCUMENT # N04000004160					
1. Entity Name SOUGHT OUT CHURCH OF THE REDEEMED, INC.					
Principal Place of Business 12829 WARRINGTON OAK RD JACKSONVILLE, FL 32257			Mailing Address 12829 WARRINGTON OAK RD JACKSONVILLE, FL 32257		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 83-0395374				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PLATT, SAMUEL 12829 WARRINGTON OAK RD JACKSONVILLE, FL 32258			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <i>Eden Samuel Platt</i> Samuel Platt			DATE: <i>5-02-08</i>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME PLATT, SAMUEL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 12829 WARRINGTON OAK RD	JACKSONVILLE, FL 32258				
CITY-ST-ZIP	JACKSONVILLE, FL 32258				
TITLE T	NAME PLATT, MARVIN D	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 9601 HAZEL LAKE DR	JACKSONVILLE, FL 32258				
CITY-ST-ZIP	JACKSONVILLE, FL 32258				
TITLE D	NAME PLATT, KLEVIN	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1741 W 9TH ST	JACKSONVILLE, FL				
CITY-ST-ZIP	JACKSONVILLE, FL				
TITLE Sec.	NAME CLORIA BRADY	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1613 W 12th St	JACKSONVILLE, FL				
CITY-ST-ZIP	JACKSONVILLE, FL				
TITLE	NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	JACKSONVILLE, FL				
CITY-ST-ZIP	JACKSONVILLE, FL				
TITLE	NAME	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	JACKSONVILLE, FL				
CITY-ST-ZIP	JACKSONVILLE, FL				
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: <i>Eden Samuel Platt</i> SAMUEL PLATT			DATE: <i>5-2-08</i>		
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <i>904-268-0335</i>		