

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007704

FILED
Jul 11, 2006
Secretary of State

Entity Name: OUR REDEEMER LIVES, INC.

Current Principal Place of Business:

ONE INDEPENDENT DR STE 3220
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DR STE 3220
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAVIN, R. KYLE
225 WATER ST STE 1500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAVIN, R. KYLE
Address: 225 WATER ST STE 1500
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: WALTERS, DEBORAH D
Address: ONE INDEPENDENT DR STE 3220
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: BALDWIN, ROBERT
Address: 8314 HIDDEN LAKE DR S
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: FRITSCHLE, MILTON
Address: 7562 HOLLYRIDGE CIR
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ZEINER, ROBERT A
Address: 7077 BONNEVAL RD STE 380
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. KYLE GAVIN

D

07/11/2006

Electronic Signature of Signing Officer or Director

Date