

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007704

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: OUR REDEEMER LIVES, INC.

## Current Principal Place of Business:

8535 BAYMEADOWS ROAD  
SUITE 31  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

## Current Mailing Address:

8535 BAYMEADOWS ROAD  
SUITE 31  
JACKSONVILLE, FL 32256

## New Mailing Address:

FEI Number: 20-3251145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## 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:

GAVIN, R. KYLE  
225 WATER STREET  
SUITE 1500  
JACKSONVILLE, FL 32202 US

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: \_\_\_\_\_

01/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: MS.      ( ) Delete  
Name: MORRIS, SUSAN  
Address: 8535 BAYMEADOWS ROAD, SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MS.      ( ) Delete  
Name: BOYCE, GERRI  
Address: 8535 BAYMEADOWS ROAD, SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR.      ( ) Delete  
Name: TULLIS, JAMES  
Address: 8535 BAYMEADOWS ROAD, SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR.      ( ) Delete  
Name: CAPELL, JAMES  
Address: 8535 BAYMEADOWS ROAD, SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR      ( ) Delete  
Name: SKINNER, CHARLES  
Address: 8535 BAYMEADOWS ROAD, SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MRS.      ( ) Delete  
Name: STICH, BETTY  
Address: 8535 BAYMEADOWS ROAD, SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS.      (X) Change ( ) Addition  
Name: BOYCE, GERRI  
Address: 8535 BAYMEADOWS ROAD, SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR.      (X) Change ( ) Addition  
Name: WOOLEY, BEN  
Address: 8535 BAYMEADOWS ROAD, SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MR.      (X) Change ( ) Addition  
Name: PARSONS, HARRY  
Address: 8535 BAYMEADOWS ROAD, SUITE 31  
City-St-Zip: JACKSONVILLE, FL 32256

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 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: GERRI BOYCE

MS.

01/16/2009

Electronic Signature of Signing Officer or Director

Date