

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13820

1. Entity Name

HOLY REDEEMER CHURCH IN CHRIST, INC.

Principal Place of Business

Mailing Address

1484 NORTHWEST 58TH TERRACE  
MIAMI FL 33142

1484 NORTHWEST 58TH TERRACE  
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2607666

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, RICHARD  
8325 NORTHWEST 29TH COURT  
MIAMI FL 33147

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

FLORA D. WALKER

3-20-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME WALKER, RICHARD  
STREET ADDRESS 8325 NW 29 CT  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE VD  
NAME WALKER, FLORA  
STREET ADDRESS 8325 NW 29 CT.  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE SD  
NAME WOODWARD, GLADYS  
STREET ADDRESS 19331 NW 193RD ST.  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE TD  
NAME ARTIS, JANNIE  
STREET ADDRESS 3848 NW 207TH ST.  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE CDS  
NAME WALKER, STACY  
STREET ADDRESS 1325 NW 58 STREET  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

FLORA D. WALKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/02

Date

Daytime Phone #

FILED  
Mar 28, 2002 8:00 am  
Secretary of State

03-28-2002 90138 017 \*\*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

0095705

CR2E037 (9/01)