


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N33291** (8)  
1. Corporation Name  
**THE NEW TESTAMENT CHURCH OF THE REDEEMED, INC.**



Principal Place of Business <b>9511 JOOS ROAD JACKSONVILLE FL 32220</b>		Mailing Address <b>P.O. BOX 9218 JACKSONVILLE FL 32208-0218 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
3. Date Incorporated or Qualified <b>07/14/1989</b>		4. FEI Number <b>59-2967817</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HILL, TERRY L. 3626 ROBENA RD. JACKSONVILLE FL 32218</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
--	--	--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Terry L Hill* DATE *1/13/98*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <i>Deacon</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PETERMAN, WILLIAM</b>		1.2 NAME <i>Anthony Brown</i>	
STREET ADDRESS <b>2744 BROADWAY AVENUE</b>		1.3 STREET ADDRESS <i>1659 West 16th ST</i>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		1.4 CITY-ST-ZIP <i>Jacksonville FL 32208</i>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <i>Elder</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BROWN, VERNON</b>		2.2 NAME <i>Terry L. Hill Jr.</i>	
STREET ADDRESS <b>2344 BURGUYNE DR.</b>		2.3 STREET ADDRESS <i>481 West 6th</i>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		2.4 CITY-ST-ZIP <i>Jacksonville FL 32208</i>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <i>ELDER</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEATH, ANTHONY J.</b>		3.2 NAME <i>ANTHONY J. HEATH</i>	
STREET ADDRESS <b>1519 E. 26TH ST</b>		3.3 STREET ADDRESS <i>5714 Robena RD</i>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		3.4 CITY-ST-ZIP <i>JACKSONVILLE, Florida</i>	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NEAL, WILBERT</b>		4.2 NAME	
STREET ADDRESS <b>3620 ROBENA RD.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Terry L Hill* DATE: *1/13/98* 904 764 7810