

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33291

1. Entity Name

THE NEW TESTAMENT CHURCH OF THE REDEEMED, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90123 014 ****61.25

Principal Place of Business Mailing Address
9511 JOOS ROAD P.O. BOX 9218
JACKSONVILLE FL 32220 JACKSONVILLE FL 32208-0218
US

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 59-2967817 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

HILL, TERRY L.
3626 ROBENA RD.
JACKSONVILLE FL 32218

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 *Terry L. Hill* 2/6/00
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	D	<input type="checkbox"/> Delete
NAME	PETERMAN, WILLIAM	
STREET ADDRESS	2744 BROADWAY AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, VERNON	
STREET ADDRESS	2344 BURGUYNE DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	E	<input type="checkbox"/> Delete
NAME	HEATH, ANTHONY J.	
STREET ADDRESS	5714 BEGONIA RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NEAL, WILBERT	
STREET ADDRESS	3620 ROBENA RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, ANTHONY	
STREET ADDRESS	1659 WEST 16TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	E	<input type="checkbox"/> Delete
NAME	HILL, TERRY L. JR.	
STREET ADDRESS	481 WEST 67TH	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	ET	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY J. HEATH	
STREET ADDRESS	340 WEST 67TH STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Anthony J. Heath* REQUIRED

2-6-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)