

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33291

1. Entity Name

THE NEW TESTAMENT CHURCH OF THE REDEEMED, INC.

Principal Place of Business

9511 JOOS ROAD
JACKSONVILLE FL 32220

Mailing Address

P.O. BOX 3218
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

Name **A. Ray Campbell**

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

1807 Carolina Avenue

City

Ormond Beach,

FL

Zip Code
32174

~~HILL, TERRY L.~~ Campbell, A. Ray
~~3620 ROBENA RD.~~ 1807 Carolina Avenue
~~JACKSONVILLE FL 32218~~ Ormond Beach, FL 32174

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

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

TITLE NAME ☒ Delete
SLOCUMB, CHARLES F
STREET ADDRESS 12280 COUNTRY COVE CT
CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE NAME ☐ Delete
HEATH, ANTHONY J.
STREET ADDRESS 346 WEST 67TH STREET
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE NAME ☒ Delete
RUSSELL, CHRISTOPHER
STREET ADDRESS 4035 BRYANT GLEN AVE
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE NAME ☐ Delete
BROWN, ANTHONY
STREET ADDRESS 1659 WEST 16TH ST
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE NAME ☒ Delete
HILL, TERRY L. JR.
STREET ADDRESS 481 WEST 67TH
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☒ Change ☒ Addition
Pastor A. Ray Campbell
STREET ADDRESS 1807 Carolina Avenue
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

(904) 783-4531

Daytime Phone #

CR2E037 (9/01)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-27-2002 90463 038 ****61.25



DO NOT WRITE IN THIS SPACE