

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0003943

DOCUMENT # N33291

1. Entity Name

THE NEW TESTAMENT CHURCH OF THE REDEEMED, INC.

The New Testament Community Baptist



FILED

03 MAY -8 AM 11:43

Principal Place of Business

5511 JOOS ROAD
JACKSONVILLE FL 32220

Mailing Address

P.O. BOX 9218
JACKSONVILLE FL 32208-0218
US

church of

JACKSONVILLE, FLORIDA
(see attached)



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3620 Robena Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number **59-2967817**

Applied For

Not Applicable

Zip

32218

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

A. Ray
CAMPBELL, RAY A
1807 CAROLINA AVENUE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name *A. RAY CAMPBELL*

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **ET** ☐ Delete
NAME **HEATH, ANTHONY J.**
STREET ADDRESS **348 WEST 67TH STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

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

TITLE **DP** ☐ Delete
NAME *A. Ray*
CAMPBELL, RAY A
STREET ADDRESS **1807 CAROLINA AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800019745858
05/22/03--01080--005 **\$61.25

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

TITLE **DP** ☒ Change ☐ Addition
NAME **CAMPBELL, A. RAY**
STREET ADDRESS **1807 CAROLINA AVENUE**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

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

TITLE ☐ Change ☐ 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: *A. Ray Campbell*

4/29/03

(904) 633-5235
(904) 751-9343

CR2E037 (10/02)