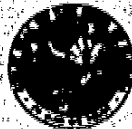


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 26 PM 12:47**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N46456**

**(2)**

1. Corporation Name

**REDEEMER BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**20035 QUESADA STREET  
PORT CHARLOTTE FL 33962**

**20035 QUESADA STREET  
PORT CHARLOTTE FL 33962**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/16/1991**

3a. Date of Last Report

**04/08/1994**

4. FEI Number

**65-0280703**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21**

Suite, Apt. #, etc.

**26**

Suite, Apt. #, etc.

**22**

City & State

**27**

City & State

**23**

Zip

Country

**28**

Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, FLETCHER  
124 NORTH BREVARD  
ARCADIA FL 33821**

81. Name

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

83.

84. City

**FL**

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**  
NAME **GUITEAU, JACQUES**  
STREET ADDRESS **1093 MACLELLAN AVE**  
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE **VD**  
NAME **GUITEAU, CIVITA**  
STREET ADDRESS **1093 MACLELLAN AV**  
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE **TD**  
NAME **LOUIS, JONAS**  
STREET ADDRESS **22194 OCEAN BLVD**  
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE **S**  
NAME **JASMIN, MAJRIE B**  
STREET ADDRESS **23036 WESTCHESTER**  
CITY - ST - ZIP **PT CHARLOTTE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **23327 Mayville Avenue**

1.4 CITY - ST - ZIP **Pt. Charlotte Florida 33980**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **23327 Mayville Avenue.**

2.4 CITY - ST - ZIP **Pt. Charlotte, FL 33980**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **22318 Walton Avenue**

4.4 CITY - ST - ZIP **Pt. Charlotte, FL.**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

*Jacques Guiteau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR 11, 1995**

DATE

**(813) 624-4671**

DAYTIME PHONE #