FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33952	20035 QUESADA STREET PORT CHARLOTTE FL 33952

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	GUITEAU, JACQUES	1.2 NAME	
STREET ADDRESS	1093 MACLELLAN AVE	1.3 STREET ADDRESS	23327 Mayville Avenue
CITY-ST-ZIP	PT CHARLOTTE FL	1.4 CITY-ST-ZIP	Pt. charlotte Florida 33980
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	GUITEAU, CIVITA	2.2 NAME	
STREET ADDRESS	1093 MACLELLAN AV	2.3 STREET ADDRESS	23327 MAyville Avenue.
CITY-ST-ZIP	PT CHARLOTTE FL	2.4 CITY-ST-ZIP	Pt. charlotte, Fl 33980
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	LOUIS, JONAS	3.2 NAME	
STREET ADDRESS	22194 OCEAN BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☒ Change ☐ Addition
NAME	JASMIN, MAJRIE B	4.2 NAME	
STREET ADDRESS	23036 WESTCHESTER	4.3 STREET ADDRESS	22318 Walton Avenue
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	Pt. charlotte, Fl.
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Jacques Guiteau — April 11, 1995 — (813) 624-4671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041276