SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90082 022 ****61.25

DOCUMENT # N46456

1. Corporation Name

REDEEMER BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
22455 MINERVA AVE PORT CHARLOTTE FL 33952 US	22455 MINERVA AVE PORT CHARLOTTE FL 33952 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/16/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 56-0280703 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BROWN, FLETCHER
124 NORTH BREVARD
ARCADIA FL 33821

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	☑ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	GUITEAU, JACQUES		1.2 NAME	Adeline Choute	
STREET ADDRESS	23327 MAYVILLE AVE		1.3 STREET ADDRESS	25200 Bolivar Drive	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	P-C Fl- 33983	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	GUITEAU, CIVITA		2.2 NAME	Yvonne Louis	
STREET ADDRESS	23327 MAYVILLE AVE		2.3 STREET ADDRESS	22194 Ocean Blvd	
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	Pt Charlotte, Fl. 33952	
TITLE	~~TD~~ PD	☐ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRETON, MARIE E.		4. 2 NAME		
STREET ADDRESS	817 WELISTER AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 07/01/99 (941) 764-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #