

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (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

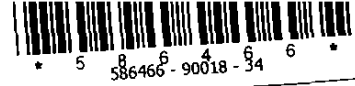
REDEEMER BAPTIST CHURCH, INC.

Principal Place of Business

22455 MINERVA AVE
PORT CHARLOTTE FL 33952
US

Mailing Address

22455 MINERVA AVE
PORT CHARLOTTE FL 33952
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/16/1991

4. FEI Number

56-0280703

Applied For

Not-Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GUTEAU, JACQUES
STREET ADDRESS 23327 MAYVILLE AVE
CITY-ST-ZIP PORT CHARLOTTE FL
☒ DELETE

TITLE VD
NAME GUTEAU, CIVITA
STREET ADDRESS 23327 MAYVILLE AVE
CITY-ST-ZIP PORT CHARLOTTE FL
☒ DELETE

TITLE PD
NAME LOUIS, JONAS
STREET ADDRESS 22194 OCEAN BLVD
CITY-ST-ZIP PT CHARLOTTE FL
☐ DELETE

TITLE S
NAME BRETON, MARIE E.
STREET ADDRESS 817 WELISTER AVE
CITY-ST-ZIP PORT CHARLOTTE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME *Adeline Choute*
1.3 STREET ADDRESS *25200 Bolwa Drive*
1.4 CITY-ST-ZIP *P.O. Box FL-33983*
☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME *Yvonne Louis*
2.3 STREET ADDRESS *22194 Ocean Blvd*
2.4 CITY-ST-ZIP *pt charlotte, fl. 33952*
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/01/99 (941) 7641174
Date Daytime Phone #

CR2E037 (5/99)