

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46456

1. Entity Name

REDEEMER BAPTIST CHURCH, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90157 002 ****61.25

Principal Place of Business

Mailing Address

22455 MINERVA AVE
PORT CHARLOTTE FL 33952
US

22455 MINERVA AVE
PORT CHARLOTTE FL 33954-3477
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0280703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, FLETCHER
124 NORTH BREVARD
ARCADIA FL 33821

Name

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME TD
STREET ADDRESS CHORETE, ADELINE
CITY-ST-ZIP 25200 BOLWAR DRIVE
PUNTA GORDA FL 33983

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS LOUIS, YVONNE
CITY-ST-ZIP 22194 OLEAN AVE
PORT CHARLOTTE FL 33952

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME S Marie E. Stamplund
STREET ADDRESS 18438 Locklane ave
CITY-ST-ZIP 33952 Port Charlotte

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000

941-764-1174

Date

Daytime Phone #

CR2E037 (9/99)