

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

02-26-2002 90093 005 ****61.25

DOCUMENT # N46456

1. Entity 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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRETON, MARIE 817 WEBSTER AVENUE PORT CHARLOTTE FL 33948	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LOUIS, KYONNE 22194 OCEAN AVE PORT CHARLOTTE FL 33952	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOUIS, JONAS 22194 OCEAN BLVD PT CHARLOTTE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SIMON, VLADIMIR 2474 WOODGLEN STREET PORT CHARLOTTE FL 33948	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rodrigue Desamours 2155 Shilo St. Port charlotte, Fla 3390	☒ Change ☐ Addition	Trustee
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVITA GUITEAU 23327 Mayville Ave Port charlotte, Fla 33980	☒ Change ☐ Addition	Trustee
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jacques GUITEAU 23327 Mayville Ave Port charlotte, FL 33980	☒ Change ☐ Addition	Trustee
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	

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 a trustee empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacques GUITEAU
Jacques Guiteau

02-26-02 941-764-1174
 Date Daytime Phone #

3-26-02

CR2E037 (9/01)