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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N47168

1. Corporation Name
CHRIST THE REDEEMER CHURCH, INC.

Principal Place of Business	Mailing Address
832 A1A NORTH. UNIT 2 832 A1A NORTH.UNIT 2 PONTE VEDRA FL 32082 US	P.O. BOX 2384 PONTE VEDRA FL 32004 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 02/03/1992 4. FEI Number 59-3123897 ☐ Applied For ☐ Not Applicable 5. Certifcate 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

WILLIAMS, DANIEL W.
~~3771 SPRING PARK RD~~
~~JACKSONVILLE FL 32207~~
OK

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		☒ Change ☐ Addition
NAME	WILLIAMS, DANIEL W.		1.2 NAME		
STREET ADDRESS	~~212 CROSS TERN CT~~ 39 South Roscoe Blvd.		1.3 STREET ADDRESS	39 South Roscoe Blvd.	
CITY-ST-ZIP	PONTE VEDRA FL		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOOLFE, JOHN		2.2 NAME		
STREET ADDRESS	11715 BRADY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WILLIAMSON, JERRY		3.2 NAME		
STREET ADDRESS	~~902 BARBARA AVE~~ 203 South Roscoe Blvd		3.3 STREET ADDRESS	203 South Roscoe Blvd.	
CITY-ST-ZIP	~~JAX. FL~~ Ponte Vedra FL		3.4 CITY-ST-ZIP	Ponte Vedra FL 32082	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HANIGAN, MARVIN		4.2 NAME		
STREET ADDRESS	201 GREEN CREST DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		4.4 CITY-ST-ZIP		
TITLE	SD McCRANIE	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	~~MCCRAINE~~, MICHAEL		5.2 NAME	McCRANIE	
STREET ADDRESS	~~1697 WOODMERE LN.~~ 1613 Canterbury Lane		5.3 STREET ADDRESS	1613 Canterbury Lane	
CITY-ST-ZIP	~~JACKSONVILLE FL~~ Fernandina Beach, FL		5.4 CITY-ST-ZIP	Fernandina Beach, FL. 32034	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BARRETT, BRUCE		6.2 NAME		
STREET ADDRESS	695 AIA NORTH #54		6.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA FL		6.4 CITY-ST-ZIP		

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: Charles Cohoon CHARLES COHOON 4/16/99 (904) 285-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)