

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90016 011 ****61.25

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02052004 Chg-NP CR2E037 (10/03)

DOCUMENT # N47-168 1. Entity Name CHRIST THE REDEEMER CHURCH, INC.					
Principal Place of Business 190 SOUTH ROSCOE BLVD. PONTE VEDRA BEACH, FL 32082 US			Mailing Address P.O. BOX 2384 PONTE VEDRA, FL 32004 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 59-3123897	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, DANIEL W. 39 S ROSCOE BLVD PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	☐ Delete	TITLE	T	☐ Change ☒ Addition
NAME	WILLIAMS, DANIEL W.		NAME	Gibbs, Keith	
STREET ADDRESS	39 S. ROSCOE BLVD		STREET ADDRESS	78 Tallwood Rd,	
CITY-ST-ZIP	PONTE VEDRA, FL		CITY-ST-ZIP	Jacksonville Beach, FL 32250	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RHOADS, DON		NAME		
STREET ADDRESS	3007 CYPRESS CREEK DR E		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FRIEDLINE, DAVID		NAME		
STREET ADDRESS	181 LAMPLIGHTER LN		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JUMBER, MIKE		NAME		
STREET ADDRESS	800 FLORIDA BLVD		STREET ADDRESS		
CITY-ST-ZIP	NEPTONE CIRCLE, FL 32226		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	STEEDEN, JIM		NAME		
STREET ADDRESS	432 LARESERVE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, TOMMY		NAME		
STREET ADDRESS	808 HAWKS NEST CT		STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		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: <i>Robert J. Miller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>2/10/04</i> Date		
Daytime Phone #					