

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N47787 (9)**

1. Corporation Name

**THE REDEEMER APOSTOLIC CHURCH OF JESUS INC.**

Principal Place of Business

**1145 SEVENTH STREET NORTH  
SAFETY HARBOR FL 34695**

Mailing Address

**1145 SEVENTH STREET NORTH  
SAFETY HARBOR FL 34695**



3. Date Incorporated or Qualified  
**03/11/1992**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-3112459**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, ROSAVELT  
1145 SEVENTH STREET NORTH  
SAFETY HARBOR FL 34695**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKER, ROSAVELT	
STREET ADDRESS	1145 7TH STREET NORTH	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, BOBBY G	
STREET ADDRESS	1421 28TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SIMMONS, CLIFFORD	
STREET ADDRESS	3544 3 AVE S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIMMONS, DEBORAH A.	
STREET ADDRESS	3544 3 AVE S.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JACKSON, CHARLES II	
STREET ADDRESS	337-113 ST WEST	
CITY-ST-ZIP	PALMETTO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVIS, ORVIL	
STREET ADDRESS	2165 15 APT #8	
CITY-ST-ZIP	ST PETE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*VD. Bobby G. Moore Sr.  
1421-28th St. S.  
St. Pete 33712*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*ROSAVELT PARKER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-27-96*  
Date

Daytime Phone #

CR2E037 (12/95)