

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47787** (9)  
1. Corporation Name  
**THE REDEEMER APOSTOLIC CHURCH OF JESUS INC.**



Principal Place of Business <b>1145 SEVENTH STREET NORTH SAFETY HARBOR FL 34695</b>	Mailing Address <b>1145 SEVENTH STREET NORTH SAFETY HARBOR FL 34695-2912</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/11/1992</b>		3a. Date of Last Report <b>04/01/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3112459</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>PARKER, ROSAVELT 1145 SEVENTH STREET NORTH SAFETY HARBOR FL 34695</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PARKER, ROSAVELT			1.2 NAME			
STREET ADDRESS	1145 7TH STREET NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MOORE, BOBBY G			2.2 NAME			
STREET ADDRESS	1421 28TH STREET SOUTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMMONS, CLIFFORD			3.2 NAME			
STREET ADDRESS	3544 3 AVE S.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SIMMONS, DEBORAH A.			4.2 NAME			
STREET ADDRESS	3544 3 AVE S.			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JACKSON, CHARLES II			5.2 NAME			
STREET ADDRESS	337-113 ST WEST			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAVIS, ORVIL			6.2 NAME			
STREET ADDRESS	2185 15 APT #8			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETE FL			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: **ROSALVE PARKER** 4/23/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068213

CR2E037 (9/96)