

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$118 (IF DISSOLVED, MINIMUM AMOUNT DUE TO MEMBERS: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N94000004271 (2)

1. Corporation Name
NEW REDEEM COMMUNITY CHURCH, INCORPORATED

FILED
95 JUL 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
104 KING STREET
JACKSONVILLE FL 32204

Mailing Address
104 KING STREET
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified
06/30/1994
3a. Date of Last Report
Applied For
Not Applicable
4. FBI Number
65-0488338
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐ FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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10. Name and Address of New Registered Agent

WRIGHT, EDDIE L JR.
705 LINDA DR. NORTH
JACKSONVILLE FL 32208

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. OFFICERS AND DIRECTORS

TITLE * PD
NAME WRIGHT, EDDIE L JR.
STREET ADDRESS 705 LINDA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32208
TITLE VD
NAME WRIGHT, SHARON E
STREET ADDRESS 705 LINDA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32208
TITLE STD
NAME FREEMAN, ROBIN Q
STREET ADDRESS 7528 ARLINGTON EXPRESSWAY, #408
CITY-ST-ZIP JACKSONVILLE FL 32211
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edie L. Wright Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime Before 8

0001744

CR2E037 (3/95)