

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 # N95000001223 (5)

1. Corporation Name

REDEMPTION LUTHERAN CHURCH OF PANAMA CITY, FLORI
DA, INC.

Principal Place of Business

Mailing Address

1700 EAST 11TH STREET
PANAMA CITY FL 32401

1700 EAST 11TH STREET
PANAMA CITY FL 32401



3. Date Incorporated or Qualified

03/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUETT, WAYNE M REV.
1700 EAST 11TH STREET
PANAMA CITY FL 32401

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CLEMENTS, ABIE
STREET ADDRESS 1841 MALLARD DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404

☐ DELETE

TITLE VD
NAME BATTLES, HOSEA
STREET ADDRESS 815 EAST 9TH STREET
CITY-ST-ZIP PANAMA CITY FL 32401

☐ DELETE

TITLE SD
NAME ROBINSON, MARTHA
STREET ADDRESS 117 EAST 18TH STREET
CITY-ST-ZIP LYNN HAVEN FL 32444

☐ DELETE

TITLE TD
NAME LANDRY, DALE
STREET ADDRESS 5801 LOIS AVENUE
CITY-ST-ZIP PANAMA CITY FL 32404

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Miller, Alfred Sr
1.3 STREET ADDRESS 1223 Mercedes Ave
1.4 CITY-ST-ZIP Panama City FL 32401
☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME Pittman, Curtis
2.3 STREET ADDRESS 1605 Arkansas Ave
2.4 CITY-ST-ZIP Lynn Haven FL 32444
☒ Change ☐ Addition

3.1 TITLE SD
3.2 NAME Smith, Bertha
3.3 STREET ADDRESS 1002 Kirkin Ave
3.4 CITY-ST-ZIP Panama City FL 32401
☒ Change ☐ Addition

4.1 TITLE TD
4.2 NAME Martha Robinson, Martha
4.3 STREET ADDRESS 117 E 18th St
4.4 CITY-ST-ZIP Lynn Haven FL 32444
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
800001850886
-06/04/96--01162--028
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5/1/92
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)