

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # N95000001223

1. Entity Name

REDEMPTION LUTHERAN CHURCH OF PANAMA CITY, FLORI

FILED
May 12, 2000 8:00 am
Secretary of State

03-21-2000 90097 050 ****61.25

Principal Place of Business	Mailing Address
1700 EAST 11TH STREET PANAMA CITY FL 32401	1700 EAST 11TH STREET PANAMA CITY FL 32401-4439



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-1488783	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SCHUETT, WAYNE M REV. 1700 EAST 11TH STREET PANAMA CITY FL 32401

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS	
TITLE	VP
NAME	ROBINSON, CHARLES L
STREET ADDRESS	117 E 18TH ST
CITY-ST-ZIP	LYNN HAVEN FL 32444
TITLE	PD
NAME	PITTMAN, CURTIS
STREET ADDRESS	1605 ARKANSAS AVE.
CITY-ST-ZIP	LYNN HAVEN-FL 32444
TITLE	SD
NAME	SMITH, BERTHA
STREET ADDRESS	1002 KIRKLIN AVE.
CITY-ST-ZIP	PANAMA CITY FL 32401
TITLE	TD
NAME	ROBINSON, MARTHA
STREET ADDRESS	117 E. 18TH ST.
CITY-ST-ZIP	LYNN HAVEN FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	president
NAME	Charles L. Robinson
STREET ADDRESS	117 E 18th St
CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	Vice President
NAME	Curtis-Pittman
STREET ADDRESS	1605 Arkansas Ave
CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: *Martha Robinson* 12 May 00 830-265-6714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EX17 (9/99)