


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000001223</b>					
1. Entity Name <b>REDEMPTION LUTHERAN CHURCH OF PANAMA CITY, FLORIDA, INC.</b>					
Principal Place of Business <b>1700 EAST 11TH STREET PANAMA CITY FL 32401</b>			Mailing Address <b>1700 EAST 11TH STREET PANAMA CITY FL 32401</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1488783</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BRILL, MICHAEL</b> <b>2401 STANFORD ROAD</b> <b>APT 1410</b> <b>PANAMA CITY FL 32405</b>				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE		
NAME	PITTMAN, CURTIS		NAME		
STREET ADDRESS	1605 ARKANAS AVE.		STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD		TITLE		
NAME	SMITH, BERTHA		NAME		
STREET ADDRESS	1002 KIRKLIN AVE.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD		TITLE		
NAME	BRILL, MICHAEL		NAME		
STREET ADDRESS	2401 STANFORD ROAD APT 1410		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PED		TITLE		
NAME	DYER, EDWARD		NAME		
STREET ADDRESS	3320 S HARBOUR CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Michael Brill / Treasurer</i>			2/29/04 850.522.0954		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					