## FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

Daytime Phone # 0073357

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

N95000002543 (5)

Mailing Address

THE HOLY CHURCH OF GOD REDEEM, INC.

| 507 QUINTETTE ROAD<br>CANTONMENT FL 32533 |   |   |                 |                           |          | 507 QUINTETTE ROAD<br>CANTONMENT FL 32533-8095 |   |               |             |      |           |  |   |            |                                       |               |         |                      |             |                    |             |                 |
|---|---|---|-----------------|---------------------------|----------|--|---|---------------|-------------|------|-----------|--|---|------------|---------------------------------------|---------------|---------|----------------------|-------------|--------------------|-------------|-----------------|
| 5/11/5/time/1/ 12 52555                   |   |   |                 |                           |          |  |   |               |             |      |           | 3  | 3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1995 05/01/1996 |            |                                       |               |         |                      | rt          |                    |             |                 |
| 2. Principal Place of Business            |   |   |                 |                           |          | 2a. Mailing Address                            |   |               |             |      |           | 4  | 4. F  | El Numb    | er                                    |               |         |                      |             | A                  | pplie       | d For           |
| 21  |   |   |                 |                           |          | 26   |   |               |             |      |           |  |   | 59-3       | 32883                                 | 13            |         |                      |             |                    |             | plicable        |
| _   | Suite, Apt. #, etc.   |   |                 |                           |          | Suite, Apt. #, etc.                            |   |               |             |      |           | 5. Certificate of Status Desired See Regulre                           |   |            |                                       |               |         |                      |             |                    |             |                 |
| City & State                              |   |   |                 |                           |          | City & State                                   |   |               |             |      |           | 6  | 6. E  | lection C  | ampaig                                | gn Fina       | ncing   |                      |             | \$5.00             | Ma          | y Be            |
| 23  |   |   |                 |                           | 2        | 28   |   |               |             |      |           |  | T   | rust Fund  | d Contri                              | ibution       |         |                      |             | Added              |             |                 |
|   | ip  | Country   |                 |                           |          | Zip Country                                    |   |               |             |      |           | 8. This corporation has liability for intangible tax under s. 199.032, |   |            |                                       |               |         |                      |             |                    |             |                 |
| 24  |   | 25   29   30  <br>9. Name and Address of Current Registered Agent |                 |                           |          |  |   |               |             |      |           |  |   | lorida St  |                                       | ······        |         | Yes                  |             |                    |             |                 |
|   |   | 9. Name   | and             | Address of Curre          | nt Re    | gistere  | d Agent   |               |             |      | A1        | 10   | 0. N  | lame an    | d Addr                                | <b>688 01</b> | New H   | egister              | ed Ag       | <u>ent</u>         |             |                 |
|   |   |   |                 |                           |          |  |   |               | 81          | '    | Name      |  |   |            |                                       |               |         |                      |             |                    |             |                 |
| BONHAM, DOROTHY P                         |   |   |                 |                           |          |  |   |               | 82          | 2    | Street A  | ddress (   | (P.C  | ). Box N   | umber i                               | s Not A       | ccepte  | able)                | <del></del> |                    |             |                 |
| 507 QUINTETTE ROAD                        |   |   |                 |                           |          |  |   |               |             |      |           |  |   |            |                                       |               |         |                      |             |                    |             |                 |
| CANTONMENT FL 32533                       |   |   |                 |                           |          | 83   |   |               |             |      |           |  |   |            |                                       |               |         |                      |             |                    |             |                 |
|   |   |   |                 |                           |          |  |   |               |             |      | City      | <del></del>  |   | <u>-</u>   |                                       |               |         |                      | EL          | <b>85</b> Zip      | Cod         | е               |
| 11.                                       | Pursuant t  | o the provis  | ions            | of Sections 617.05        | 02 and   | 1617.1   | 1508. Flo   | rida Statutes | the abov    | va-  | named o   | corporati  | ion   | submits    | this stat                             | tement        | for the |                      |             | nanging i          | ts re       | gistered        |
|   | 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. |   |                 |                           |          |  |   |               |             |      |           |  |   |            |                                       |               |         |                      |             |                    |             |                 |
| SIGN                                      | SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent)   |   |                 |                           |          |  |   |               |             |      |           | equired whe  | 18/1 (B   | instating) | · · · · · · · · · · · · · · · · · · · |               |         | DAT                  | re          |                    |             |                 |
| 12.                                       | ******  | ,- <del></del>  |                 | OFFICERS AF               | ND DIF   | ECTO   | RS  |               | 13.         |      |           |  | ΑC  | DOTION     | S/CHAN                                | IGES T        | O OFF   | ICERS /              | AND D       | IRECTO             | RS IN       | 112             |
| TITLE                                     |   | Р   |                 |                           |          |  |   | DELETE        | 1.1 TITLE   |      |           | P/   | T   |            |                                       |               |         |                      | L           | Change             |             | Addition        |
| NAME                                      |   | BONHA   | M, C            | OROTHY P.                 |          |  |   |               | 1.2 NAME    |      | 1         | ВО   | N   | HAM,       | D01                                   | ROT           | HY I    | P                    |             |                    |             |                 |
| STREE                                     | T ADDRESS   |   |                 |                           |          |  |   |               | 1.3 STREE   |      |           |  |   | QUÍ        |                                       |               |         |                      |             |                    |             |                 |
| CITY-                                     | ST-ZIP  | CANTONMENT FL 32533   |                 |                           |          |  |   |               | 1.4 CITY -  |      |           |  |   | TONM       |                                       |               |         |                      |             |                    |             |                 |
| TITLE                                     |   | V/T   |                 |                           |          |  |   | DELETE        | 2.1 TITLE   | _    | 1         | S/   |   |            | 4-/                                   |               |         | <del>, , , ,</del> - |             | Change             |             | Addition        |
| NAME                                      | ì   |   | M. N            | IAJOR JR.                 |          |  |   |               | 2.2 NAME    |      | i         |  |   | MAIL       | וממ                                   | EME           | A 17    |                      |             |                    |             | ľ               |
| STREE                                     | T ADDRESS   |   |                 | TTE ROAD                  |          |  |   |               | 2.3 STREE   | ET A | ADDRESS   |  |   | HAM,       |                                       |               |         | D                    |             |                    |             |                 |
|   | ST - ZIP  |   |                 | NT FL 32533               |          |  |   |               | 2. 4 CITY   | - 51 | r- ZIP    |  |   | 2 RE       |                                       |               |         |                      |             |                    |             |                 |
| TITLE                                     |   | S   |                 |                           |          |  |   | DELETE        | 3.1 TITLE   |      |           |  |   | SACO       | LA :                                  | !* <b>L.</b>  | 325.    | 14                   |             | Change             |             | Addition        |
| NAME                                      |   | -   | M. E            | RENDA K.                  |          |  |   |               | 3.2 NAME    |      |           | D/   |   |            | DII                                   | ~ ** *        |         |                      |             |                    |             |                 |
| STREE                                     | T ADDRESS   |   |                 | ENT AVE.                  |          |  |   |               | 3.3 STREE   | ET A | ADDRESS   | UQ   | ומנ   | HAM,       | KHU                                   | OND           | A K     | _                    |             |                    |             |                 |
|   | ST-ZIP  |   |                 | A FL 32514                |          |  |   |               | 3.4, CITY - |      |           |  |   | 2 RE       |                                       |               |         |                      |             |                    |             |                 |
| TITLE                                     | -   | D   |                 | <del>, - <u>+</u></del> , |          |  |   | DELETE        | 4.1 YITLE   |      |           | PE   | :Ni   | SACO       | ₽A I                                  | l'L           | 323     | L <del>4</del>       |             | Change             | L.          | Addition        |
| NAME                                      | Ì   | _   | M. F            | HONDA R.                  |          |  |   |               | 4. 2 NAMI   | Ę    | , 1       |  |   |            |                                       |               |         |                      |             |                    |             | Ì               |
|   | T ADDRESS   |   |                 | IENT AVE.                 |          |  |   |               | 4.3 STREE   |      | ADDRESS   |  |   |            |                                       |               |         |                      |             |                    |             |                 |
|   | ST-ZIP  |   |                 | A FL 32514                |          |  |   |               | 4.4 CITY -  |      |           |  |   |            |                                       |               | 1.3     |                      |             |                    |             |                 |
| TITLE                                     |   | 10/1  |                 |                           |          |  |   | DELETE        | 5.1 TITLE   | _    |           |  |   |            |                                       |               |         |                      |             | Change             |             | Addition        |
| NAME                                      |   |   |                 |                           |          |  |   |               | 5.2 NAME    |      | .         |  |   |            |                                       |               |         |                      |             | -                  |             |                 |
|   | T ADDRESS   |   |                 |                           |          |  |   |               | 5.3 STREE   | ET A | ADDRESS I |  |   |            |                                       |               |         |                      |             |                    |             |                 |
|   | ST-ZIP  |   |                 |                           |          |  |   |               | 5.4 CITY-   |      |           |  |   |            |                                       |               |         |                      |             |                    |             |                 |
| TITLE                                     |   |   | · · · · · · · · |                           | ······   |  |   | DELETE        | 6.1 TITLE   | •    |           |  |   |            |                                       |               |         | *****                |             | Change             |             | Addition        |
| NAME                                      |   |   |                 |                           |          |  |   |               | 6.2 NAME    |      | 1         |  |   |            |                                       |               | .1      |                      |             | $\wedge$           | 7           | 751             |
|   | T ADDRESS   |   |                 |                           |          |  |   |               | 6.3 STREE   |      | NDDRESS   | n  |   | 1.         | <b>₽</b>                              | 11            | kJ,     | , ,                  | ~           | <b>b</b>           | -           | %√              |
|   | ST-ZIP  |   |                 |                           |          |  |   |               | 6.4 CITY-   |      | - 15      | くりつつ   | w   | $n K_{-}$  | W                                     | 0             | 1 10    | 1,0                  | 45          | _                  | L           | اسهر            |
| 14.                                       | l do hereb  |   |                 |                           |          |  |   |               | for the ex  | en   | nption st |  |   |            |                                       |               |         |                      |             |                    |             |                 |
|   | I am an of  | ficer or dire   | ctor o          | of the corporation of     | or the i | receive  | 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 agricultachment with an address. |               |             |      |           |  |   |            |                                       |               |         |                      |             | made ui<br>that my | nder<br>nam | oath; that<br>e |