## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90064 043 \*\*\*\*61.25

1. Corporation Name

THE HOLY CHURCH OF GOD REDEEM, INC.

Principal Place of Business
810 W LLOYD ST
PENSACOLA FL 32501

Mailing Address

507 QUINTETTE ROAD CANTONMENT FL 32533

	[	

2. Principal Place of Business  2. Mailing Address  3. Date Incorporated or Qualifed 05/30/1995  Suite, Apt. #, etc.  Suite, Apt. #, etc.  4. FEI Number 59-3288313  City & State  City & State  Sipport Country  Zip Country  Zip Country  Provided Agent 10. Name and Address of New Regist 10. Name and Address of New Regist 10. Name and Address of New Regist 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 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)  DA  12. OFFICERS AND DIRECTORS  DELETE 1.11TITE	\$5.0 Addetered Agent	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  159-3288313  City & State  City & State  Suite, Apt. #, etc.  Suite, Apt	\$5.0 Addetered Agent	Not Applicable 5 Additional Required 00 May Be ed to Fees
22   27   59-3288313    City & State   City & State   City & State   5. Certificate of Status Desired   28    Zip   Country   Zip   Country   G. Election Campaign Financing   Trust Fund Contribution   Trust Fund Contribution   Trust Fund Contribution   9. Name and Address of Current Registered Agent   10. Name and Address of New Regist   81 Name   82 Street Address (P.O. Box Number is Not Acceptable)   507 QUINTETTE ROAD   82 Street Address (P.O. Box Number is Not Acceptable)   83   84 City   84 City   84 City   85   85   85   85   85   85   85   8	\$5.0 Addetered Agent	Not Applicable 5 Additional Required 00 May Be ed to Fees
City & State  Signature, typed or printed name of registered agent and title if applicable.  City & State  City & State  Signature, typed or printed name of registered agent and title if applicable.  City & State  City & State  Signature, typed or printed name of registered agent and title if applicable.  City & State  Signature, typed or printed name of registered agent and title if applicable.  City & State  Signature, typed or printed name of registered agent and title if applicable.  City & State  Signature, typed or printed name of registered agent and title if applicable.  City & State  Signature, typed or printed name of registered agent and title if applicable.  City & Status Desired    Country    6. Election Campaign Financing:  Trust Fund Contribution  10. Name and Address of New Regist  82. Street Address (P.O. Box Number is Not Acceptable)  83.    84. City  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent and title if applicable.  City    Country    6. Election Campaign Financing:  Trust Fund Contribution    10. Name and Address of New Registered    82. Street Address (P.O. Box Number is Not Acceptable)  83.    84. City    14. City    15. City    16. Election Campaign Financing:  Trust Fund Contribution    16. Election Campaign Financing:  Trust Fund Contribution    17. Name    18. Name    84. City    18. City    19. City    10. Name and Address of New Registered    11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpora	\$5.0 Addetered Agent	5 Additional Required 00 May Be ed to Fees
Zip Country Zip Country - 6. Election Campaign Financing Trust Fund Contribution - 9. Name and Address of Current Registered Agent - 10. Name and Address of New Regist - 81 Name - 82 Street Address (P.O. Box Number is Not Acceptable) - 82 Street Address (P.O. Box Number is Not Acceptable) - 83 Street Address (P.O. Box Number is Not Acceptable) - 84 City - 84 City - 85 City - 85 City - 85 Country - 85 Country - 6. Election Campaign Financing - 75 Country - 75 C	\$5.0 Addetered Agent	Required  DO May Be ed to Fees  Lip Code
Zip Country   Zip   Country   Countr	Addetered Agent  FL 85 Zose of changing	ed to Fees  Zip Code
9. Name and Address of Current Registered Agent  BONHAM, DOROTHY P 507 QUINTETTE ROAD CANTONMENT FL 32533  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpo 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 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	FL 85 Z	žip Code
BONHAM, DOROTHY P 507 QUINTETTE ROAD CANTONMENT FL 32533  83  84 City  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpo 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 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	FL 85 Z	its registered
BONHAM, DOROTHY P 507 QUINTETTE ROAD CANTONMENT FL 32533  82 Street Address (P.O. Box Number is Not Acceptable)  83 84 City  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 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) DA  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	ose of changing	its registered
507 QUINTETTE ROAD CANTONMENT FL 32533  83  84 City  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES; TO OFFICER	ose of changing	its registered
507 QUINTETTE ROAD CANTONMENT FL 32533  83  84 City  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES; TO OFFICER	ose of changing	its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpo 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 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)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES ¡TO OFFICER	ose of changing	its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 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) I DA  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER	ose 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 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)   DA  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES   TO OFFICER	ose of changing	its registered s 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 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 reinstaling)   DA  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES ¡TO OFFICER	ose of changing appointment as	its registered s registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DA'  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICER	ĀTE	<del></del>
DT COSTE	RS AND DIREC	CTORS IN 12
TITLE   PT	☐ Chan	ge 🔲 Addition
NAME BONHAM, DOROTHY P. 12 NAME		
STREET ADDRESS 507 QUINTETTE ROAD 1.3 STREET ADDRESS		
CITY-ST-ZIP CANTONMENT FL 32533 1.4 CITY-ST-ZIP		
TITLE VT DELETE 21TTLE	Chang	ge Addition
NAME BONHAM, MAJOR JR. 22 NAME		
STREET ADDRESS 507 QUINTETTE ROAD 2.3 STREET ADDRESS		
CITY-ST-ZIP CANTONMENT FL 32533		
TITLE SD DELETE 3.1 TITLE	☐ Chane	ge Addition
NAME BONHAM, BRENDA K. 32 NAME		
STREET ADDRESS 7972 REGIMENT AVE.		
DENIC COLL EL COLL		
CITY-ST-ZIP PENSACULA FL 32514 34.CITY-ST-ZIP TITLE DT DELETE 4.1 TITLE	Chang	ge   Addition
NAME BONHAM, RHONDA R. 4.2 NAME		o-, (,⊡: <u>;;;;;;</u> ),
STREET ADDRESS 7972 REGIMENT AVE.		
DENOACOLA EL COSTA		
CITY-ST-ZIP PENSACULA FL 32514 44 CITY-ST-ZIP 1 TITLE DELETE 5.1 TITLE	Chang	ge Addition
		9- U.WOURDII
The state of the s		,
ones. Asserts		1
011-07-24	Chang	ge Addition
	C) Chang	Aa 🗀 vooriou
(Mail)		
STREET ADDRESS 6.3 STREET ADDRESS 6.4 STREET ADDRESS 6.4 STREET ADDRESS 6.5 STREET ADDRES		

14. Thereby 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 Chepter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: