2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 22, 2002 8:00 am Secretary of State DOCUMENT # N95000002543 1. Entity Name 09-22-2002 90068 017 ***236.25 THE HOLY CHURCH OF GOD REDEEM, INC. Principal Place of Business Mailing Address 810 W LLOYD ST 507 QUINTETTE ROAD PENSACOLA FL 32501 **CANTONMENT FL 32533** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3288313 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BONHAM, DOROTHY P **507 QUINTETTE ROAD CANTONMENT FL 32533** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to mln. will be \$236,25. Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition BONHAM, DOROTHY P. NAME NAME STREET ADDRESS **507 QUINTETTE ROAD** STREET ADDRESS CITY-ST-7IF CANTONMENT FL 32533 CITY-ST-ZIP TITLE VΤ Delete TITI F Change ☐ Addition NAME BONHAM, NORMAN V NAME STREET ADDRESS **507 QUINTETTE ROAD** STREET ADDRESS CITY_ST-ZIP.__ CANTONMENT FL 32533 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Bonham, Brenda K. NAME STREET ADDRESS 7972 REGIMENT AVE. STREET ADDRESS CITY-ST-ZIF PENSACOLA FL 32514 CITY-ST-ZIP ☐ Delete DITLE ☐ Change ☐ Addition BONHAM, RHONDA R. NAME NAME STREET ADDRESS 7972 REGIMENT AVE. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-7IP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition