

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000005872 (5)

1. Corporation Name

CHURCH OF REDEMPTION, INCORPORATED



Principal Place of Business: 545 PEACH TREE STREET COCOA FL 32922  
Mailing Address: 1104 Sunset Lane Lutz, Florida 33549

3. Date Incorporated or Qualified: 12/11/1995  
3a. Date of Last Report: 12/11/1995

2. Principal Place of Business: 545 Peach Tree Street, Cocoa, Florida 32922  
2a. Mailing Address: 1104 Sunset Lane, Lutz, Florida 33549  
21-24: Address details including zip codes 32022 and 33549, and county Brevard.

4. FEI Number: 59-3354834  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: REDDICK, JOHNNY F., 545 PEACH TREE STREET COCOA FL 32922, 1104 Sunset Lane Lutz, Florida 33549

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: Pastor "D"	NAME: Johnny F. Reddick	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 1104 Sunset Lane, Lutz, FL	CITY-ST-ZIP: 33549	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
TITLE: Senior Deacon	NAME: Flemming Reddick	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 319 Mango Avenue	CITY-ST-ZIP: Cocoa, Florida 32922	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: Outreach Director "D"	NAME: Sarah Lewis	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 901 'B' Street	CITY-ST-ZIP: Cocoa, Florida 32922	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE: Clerk "D"	NAME: Tammy L. Wilson	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 3164 Arthur Circle	CITY-ST-ZIP: Melbourne, Florida 32934	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: Treasurer "D"	NAME: Eleanor M. Boodle	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 1104 Sunset Lane	CITY-ST-ZIP: Lutz, Florida 33549	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an attachment with an address.

SIGNATURE: JOHNNY F. REDDICK  
Date: 3/29/96  
Daytime Phone #: (813) 949-4305

CR2E037 (12/95)