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**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90168 003 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N95000005872**

1. Corporation Name  
**CHURCH OF REDEMPTION, INCORPORATED**

Principal Place of Business  
 RT 2, BOX 154  
 CAMILLA GA 31730  
 US

Mailing Address  
 PO BOX 866  
 CAMILLA GA 31705  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/11/1995</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3354834</b>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>REDDICK, JOHNNY F</b> <b>817 AVONDALE ROAD</b> <b>ROCKLEDGE FL 32955</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 OFFICERS AND DIRECTORS IN 12	
TITLE	PD REDDICK, JOHNNY F	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	710 1/2 W 2ND AVENUE	1.2 NAME	
STREET ADDRESS	ALBANY GA 31701	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD WARE, WILLIE SR	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	232 CORDEL ROAD, LOT 45	2.2 NAME	
STREET ADDRESS	ALBANY GA 31705	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	OD JACKSON, ROY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	426 PEACH TREET STREET	3.2 NAME	
STREET ADDRESS	CAMILLA GA 31730	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CD BELL, GLORIA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RT. 3 BOX 165	4.2 NAME	
STREET ADDRESS	CAMILLA GA 31730	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD BOODLE, ELEANOR M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	710 1/2 W. 2ND AVENUE	5.2 NAME	
STREET ADDRESS	ALBANY GA 31701	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *P. S. ...* **APRIL 30, 1999 (912) 522-9683**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)