

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90043 006 \*\*\*\*61.25

**DOCUMENT # N95000005872**

1. Entity Name

**CHURCH OF REDEMPTION, INCORPORATED**

Principal Place of Business

Mailing Address

RT 2, BOX 154  
 CAMILLA GA 31730  
 US

PO BOX 866  
 CAMILLA GA 31730-0866  
 US

2. Principal Place of Business

*Rt. 3, Box 154*

3. Mailing Address

*P.O. Box 866*

Suite, Apt. #, etc.

*CAMILLA*

Suite, Apt. #, etc.

City & State  
*GEORGIA*

City & State  
*CAMILLA, GA.*

Zip  
*31730*

Country  
*USA*

Zip  
*31730*

Country  
*USA*

4. FEI Number  
**59-3354834**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REDDICK, JOHNNY F**  
**817 AVONDALE ROAD**  
**ROCKLEDGE FL 32955**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REDDICK, JOHNNY F 710 1/2 W 2ND AVENUE ALBANY GA 31701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARE, WILLIE SR 232 CORDEL ROAD, LOT 45 ALBANY GA 31705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD JACKSON, ROY 426 PEACH TREET STREET CAMILLA GA 31730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BELL, GLORIA RT. 3 BOX 165 CAMILLA GA 31730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOODLE, ELEANOR M 710 1/2 W. 2ND AVENUE ALBANY GA 31701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *D. SANDRUM B. BOODLE* **ELEANOR M. BOODLE** 4/30/00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 7/24/00

CR2E037 (9/99)