

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90039 034 ****61.25

DOCUMENT # N95000005872

1. Entity Name
CHURCH OF REDEMPTION, INCORPORATED

Principal Place of Business

**RT 3 BOX 154
 CAMILLA GA 31730
 US**

Mailing Address

**PO BOX 866
 CAMILLA GA 31730
 US**

2. Principal Place of Business

3044 ROUSE STREET
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 395
 Suite, Apt. #, etc.

City & State

MEIGS, GEORGIA

City & State

MEIGS, GEORGIA

4. FEI Number

59-3354834

Applied For

Not Applicable

Zip
31765

Country

USA

Zip

31765

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	REDDICK, JOHNNY F	
STREET ADDRESS	710 1/2 W 2ND AVENUE	
CITY-ST-ZIP	ALBANY GA 31701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WARE, WILLIE SR	
STREET ADDRESS	232 CORDEL ROAD, LOT 45	
CITY-ST-ZIP	ALBANY GA 31705	
TITLE	OD	<input type="checkbox"/> Delete
NAME	JACKSON, ROY	
STREET ADDRESS	428 PEACH TREET STREET	
CITY-ST-ZIP	CAMILLA GA 31730	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BELL, GLORIA	
STREET ADDRESS	RT. 3 BOX 165	
CITY-ST-ZIP	CAMILLA GA 31730	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOODLE, ELEANOR M	
STREET ADDRESS	710 1/2 W. 2ND AVENUE	
CITY-ST-ZIP	ALBANY GA 31701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE:

Johnny F. Reddick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02 (229) 734-0134
 Date Daytime Phone #

CR2E037 (9/01)