


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90169 025 ****61.25

DOCUMENT # N95000005872					
1. Entity Name CHURCH OF REDEMPTION, INCORPORATED					
Principal Place of Business 3044 ROUSE ST MEIGS GA 31765 US			Mailing Address P.O. BOX 395 MEIGS GA 31765 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-3354834				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rechartering) DATE</small>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REDDICK, JOHNNY F		NAME		
STREET ADDRESS	710 1/2 W 2ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ALBANY GA 31701		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARE, WILLIE SR		NAME		
STREET ADDRESS	232 CORDEL ROAD, LOT 45		STREET ADDRESS		
CITY-ST-ZIP	ALBANY GA 31705		CITY-ST-ZIP		
TITLE	OD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, ROY		NAME		
STREET ADDRESS	426 PEACH TREET STREET		STREET ADDRESS		
CITY-ST-ZIP	CAMILLA GA 31730		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELL, GLORIA		NAME		
STREET ADDRESS	RT. 3 BOX 165		STREET ADDRESS		
CITY-ST-ZIP	CAMILLA GA 31730		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOODLE, ELEANOR M		NAME		
STREET ADDRESS	710 1/2 W. 2ND AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ALBANY GA 31701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLEMMING, MICHAEL		NAME		
STREET ADDRESS	P.O. BOX 395		STREET ADDRESS		
CITY-ST-ZIP	MEIGS GA 31765		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Johnny F Reddick</i>			Date: <i>3-5-06</i> (229) 669-1056		
<small>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date (Daytime Phone #)</small>		



1st MOORE CR2E037 (10/05)