

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90236 012 ****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**

11016789



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3354834**

Applied For
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	426 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		

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	
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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*

CR2E037 (10/02)