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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Jan 16 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

CITY-ST-ZIP

14. I do hereby certify that the information

information indicated on this annu-

I am an officer or direct

SIGNATURE:

N96000004399 (9)

Mailing Address

REDEEMER PRESBYTERIAN CHURCH OF JACKSONVILLE, IN

10949-3 MCCORMICK RD P O BOX 11629 JACKSONVILLE FL 32082 JACKSONVILLE FL 32239-1629 3. Date Incorporated or Qualified 08/22/1996 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3236730 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip Florida Statutes Yes Yes 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FROST, D. CHARLES JR 82 Street Address (P.O. Box Number is Not Acceptable) 10949-3 MCCORMICK RD 83 JACKSONVILLE FL 32082 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition FROST, D. CHARLES JR 1.2 NAME NAME 7374 BUCKSKIN TRAIL S STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32277 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME ROBERTS, KENNETH E 2.2 NAME 7334 FLORAL RIDGE DR STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32277 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME OWEN. THOMAS C JR **3.2 NAME** 1831 SPICEBERRY CIR 3.3 STREET ADDRESS STREET ADDRESS Jacksonville FL 32246 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CUPP ST-ZIP

HRED

true.

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supplied with his filing does of quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

of accurate and that my signature shall have the same legal effect as if made under oath; that it is execute this report as required by Chapter 617, Florida Statutes; and that my name

1-6-97 904-998-0704