

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 06 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N96000004399 (9)**  
1. Corporation Name  
**REDEEMER PRESBYTERIAN CHURCH OF JACKSONVILLE, IN C.**



|  |   |
|--|---|
| Principal Place of Business<br>10949-3 MCCORMICK RD<br>JACKSONVILLE FL 32082 | Mailing Address<br>P O BOX 11629<br>JACKSONVILLE FL 32239 |
|--|---|

3. Date Incorporated or Qualified  
**08/22/1996**

4. FEI Number  
**59-3236730**

|                |                                     |
|----------------|-------------------------------------|
| Applied For    |                                     |
| Not Applicable | <input checked="" type="checkbox"/> |

|   |                            |
|---|----------------------------|
| 2. Principal Place of Business<br>21 <b>14333 - 3 Beach Blvd</b><br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26  |
| 22 City & State<br>23 <b>Jacksonville</b>   | 27 City & State<br>28      |
| 24 Zip<br><b>FL</b>   | 25 Country<br><b>Duval</b> |
| 29 Zip  | 30 Country                 |

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**FROST, D. CHARLES JR**  
10949-3 MCCORMICK RD  
JACKSONVILLE FL 32082

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><b>Frost, D. Charles Jr</b>   |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>14333 - 3 Beach Blvd</b> |
| 83   |
| 84 City<br><b>Jacksonville</b>   |
| 85 Zip Code<br><b>FL 32250</b>   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS              |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br>DP                             | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>FROST, D. CHARLES JR            |  | 1.2 NAME  |  |
| STREET ADDRESS<br>7374 BUCKSKIN TRAIL S |  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br>JACKSONVILLE FL 32277    |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br>DS                             | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>ROBERTS, KENNETH E              |  | 2.2 NAME<br><b>Lowe, David</b>                        |  |
| STREET ADDRESS<br>7334 FLORAL RIDGE DR  |  | 2.3 STREET ADDRESS<br><b>12113 Camp Creek Drive</b>   |  |
| CITY-ST-ZIP<br>JACKSONVILLE FL 32277    |  | 2.4 CITY-ST-ZIP<br><b>Jacksonville FL 32225</b>       |  |
| TITLE<br>DT                             | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>OWEN, THOMAS C JR               |  | 3.2 NAME  |  |
| STREET ADDRESS<br>1831 SPICEBERRY CIR   |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br>JACKSONVILLE FL 32246    |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                                   | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    |  | 4.2 NAME  |  |
| STREET ADDRESS                          |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                             |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                                   | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    |  | 5.2 NAME  |  |
| STREET ADDRESS                          |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                             |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                                   | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                    |  | 6.2 NAME  |  |
| STREET ADDRESS                          |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                             |  | 6.4 CITY-ST-ZIP                                       |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)