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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004399

1. Corporation Name

REDEEMER PRESBYTERIAN CHURCH OF JACKSONVILLE, IN C.

Principal Place of Business

14333-3 BEACH BLVD JACKSONVILLE FL 32250 US

Mailing Address

P O BOX 17068 JACKSONVILLE FL 32245-7068



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 32250 25 Country

2a. Mailing Address

26 P.O. BOX 17068

27 JACKSONVILLE, FL

28 City & State 32245-7068

29 Zip 30 Country

3. Date Incorporated or Qualified

08/22/1996

4. FEI Number

59-3236730

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

~~FROST, D. CHARLES JR~~
14333-3 BEACH BLVD
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name THOMAS C. OWEN, JR.

82 Street Address (P.O. Box Number is Not Acceptable) 14333-3 BEACH BLVD

83 JACKSONVILLE

84 City 85 Zip Code FL 32250

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

Thomas C. Owen, Jr. Treasurer

1/17/99

DATE

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

12. OFFICERS AND DIRECTORS

TITLE DP DELETE
NAME FROST, D. CHARLES JR
STREET ADDRESS 7374 BUCKSKIN TRAIL S
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE DS DELETE
NAME LOKLE, DAVID
STREET ADDRESS 12113 CAMP CREEK DR
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE DT DELETE
NAME OWEN, THOMAS C JR
STREET ADDRESS 1831 SPICEBERRY CIR
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME DS LOWE, DAVID
2.3 STREET ADDRESS 12113 CAMP CREEK DRIVE
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32225

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Thomas C. Owen, Jr. Treasurer 1/17/99

904-992-0704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)