

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90023 038 ****70.00

DOCUMENT # N96000004399

1. Entity Name

REDEEMER PRESBYTERIAN CHURCH OF JACKSONVILLE, IN

Principal Place of Business

Mailing Address

14333-3 BEACH BLVD
 JACKSONVILLE FL 32250
 US

PO. BOX 17068
 JACKSONVILLE FL 32245-7068

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3236730

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

OWEN, THOMAS C JR
14333-3 BEACH BLVD
JACKSONVILLE FL 32250

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE: **DP** Change Addition
 NAME: **LAMKIN, WILLIAM C.**
 STREET ADDRESS: **13584 LAS BRISAS WAY**
 CITY-ST-ZIP: **JACKSONVILLE, FL 32224**

TITLE: **DS** Delete
 NAME: **LOWE, DAVID**
 STREET ADDRESS: **12113 CAMP CREEK DR**
 CITY-ST-ZIP: **JACKSONVILLE FL 32225**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/00 904-992-0704
 Date Daytime Phone #