

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90101 008 ****70.00

DOCUMENT # N96000004399

1. Entity Name

REDEEMER PRESBYTERIAN CHURCH OF JACKSONVILLE, IN

Principal Place of Business

14333-3 BEACH BLVD
 JACKSONVILLE FL 32250
 US

Mailing Address

PO. BOX 17068
 JACKSONVILLE FL 32245-7068

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3236730

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

William C. Lamkin

Street Address (P.O. Box Number is Not Acceptable)

14333-3 Beach Blvd

City

Jacksonville

FL

Zip Code

32250

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

[Handwritten Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-08-01

**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

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

TITLE: DS
 NAME: LOWE, DAVID Delete
 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:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: DT Change Addition
 NAME: David Schutt
 STREET ADDRESS: 12495 Apple Leaf
 CITY-ST-ZIP: Jacksonville FL 32224

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

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

TITLE: Change 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:

[Handwritten Signature] William C. Lamkin

01-08-01

904-220-7358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)