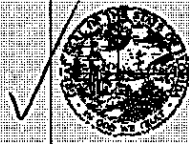


02-07-2003 90113 001 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9600004399

1. Entity Name
**REDEEMER PRESBYTERIAN CHURCH OF
 JACKSONVILLE, INC.**



Principal Place of Business: **44393-3 BEACH BLVD JACKSONVILLE, FL 32250 US**
 Mailing Address: **PO BOX 17068 JACKSONVILLE, FL 32245-7068**

90020570



2. Principal Place of Business: **13559 Beach Blvd.**
 Suite, Apt. #, etc.

3. Mailing Address: **13559 Beach Blvd.**
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State: **Jacksonville, FL**
 Zip: **32224-1203** Country: **US**

City & State: **Jacksonville, FL**
 Zip: **32224-1203** Country: **US**

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
**LAMKIN, WILLIAM G.
 14333-3 BEACH BLVD
 JACKSONVILLE, FL 32260**

7. Name and Address of New Registered Agent
 Name: **DAVID A. LOWE**
 Street Address (P.O. Box Number is Not Acceptable): **13559 Beach Boulevard**
 City: **Jacksonville** FL Zip Code: **32224-1203**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *David A. Lowe* **DAVID A. LOWE, CLERK OF SESSION** DATE: **2/5/03**

FILE NOW FEE IS \$61.25

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LAMKIN, WILLIAM C 13584 LAS BRISAS WAY JACKSONVILLE, FL 32224 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS LOWE, DAVID 12113 CAMP CREEK DR JACKSONVILLE, FL 32226 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT FRASER, RAYMOND 7747 SAWTOOTH CT JACKSONVILLE, FL 32266 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOREDOCK, WILLIAM 14404 AQUA VISTA RD N JACKSONVILLE, FL 32224 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP TOBY A. DUBOSE 13559 Beach Blvd Jacksonville, FL 32224-1203 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 517, 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: *David A. Lowe* **DAVID A. LOWE, SECRETARY & CLERK OF SESSION** DATE: **2/5/03** DAYTIME PHONE #: **904-992-0704**

CFR2E037 (10/02)