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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90026 029 \*\*\*\*61.25

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**DOCUMENT # N97000003440**

1. Corporation Name

**REDEEMER'S FELLOWSHIP INTERNATIONAL, INC.**

Principal Place of Business

8838 CR 137  
WELLBORN FL 32094

Mailing Address

P.O. BOX R  
WHITE SPRINGS FL 32096  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/13/1997

4. FEI Number

59-3478359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

GORE, RONALD G  
8838 CR 137  
WELLBORN FL 32094

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME GORE, RONALD G  
STREET ADDRESS P.O. BOX 155, 8838 CR 137  
CITY-ST-ZIP WELLBORN FL 32094

TITLE D  
NAME GORE, SUE D  
STREET ADDRESS P.O. BOX 155, 8838 CR 137  
CITY-ST-ZIP WELLBORN FL 32094

TITLE D  
NAME BOZZETTI, DOMNICK  
STREET ADDRESS 239 EAST COAST DR.  
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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 ☐ Change ☐ Addition

1.1 TITLE DIP  
1.2 NAME GORE, RONALD G.  
1.3 STREET ADDRESS P.O. BOX 155, 8838 CR 137  
1.4 CITY-ST-ZIP WELLBORN FL 32094

2.1 TITLE D/S/T  
2.2 NAME GORE, SUE D.  
2.3 STREET ADDRESS P.O. BOX 155  
2.4 CITY-ST-ZIP WELLBORN FL 32094

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

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

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

6.1 TITLE  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-99

Date

904-963-4343

Daytime Phone #

CR2E037 (1/98)