

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003440

1. Entity Name

REDEEMER'S FELLOWSHIP INTERNATIONAL, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90010 002 ****61.25

Principal Place of Business

8838 CR 137
WELLBORN FL 32094

Mailing Address

P.O. BOX R
WHITE SPRINGS FL 32096-0445
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3478359

Applied For

Not Applicable

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

GORE, RONALD G
8838 CR 137
WELLBORN FL 32094

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

TITLE D ☐ Change ☒ Addition
NAME COOK, JOYCE
STREET ADDRESS 10793 118th TERRACE
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE DST ☐ Delete
NAME GORE, SUE D
STREET ADDRESS P.O. BOX 155
CITY-ST-ZIP WELLBORN FL 32094

TITLE D ☐ Change ☒ Addition
NAME HESTON, LINDEN H.
STREET ADDRESS 10013 S.R. 51
CITY-ST-ZIP LIVE OAK, FL 32060

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

TITLE D ☒ Change ☐ Addition
NAME BOZZETTI, DOMNICK
STREET ADDRESS 3528 RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE, FL 32205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME FARABEE, JIM
STREET ADDRESS 9794 116TH PLACE
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME SKIPPER, REBECCA
STREET ADDRESS 232 LAKE AVE., N.E.
CITY-ST-ZIP LIVE OAK, FL 32060

TITLE ☐ Delete
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:

Ronald G. Gored
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00
Date

904-963-4343
Daytime Phone #

CR2E037 (9/99)