

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90044 022 ****61.25

DOCUMENT # N97000003440.

1. Entity 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

702029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3478359

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

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 NAME	DP GORE, RONALD G	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 155, 8838 CR 137	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE NAME	DST GORE, SUE D	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 155	
CITY-ST-ZIP	WELLBORN FL 32094	
TITLE NAME	D BOZZETTI, DOMNICK	<input type="checkbox"/> Delete
STREET ADDRESS	3528 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE NAME	D COOK, JOYCE	<input type="checkbox"/> Delete
STREET ADDRESS	10793 118TH TERR	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE NAME	D HESTON, LINDEN H	<input type="checkbox"/> Delete
STREET ADDRESS	10013 S.R. 51	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE NAME	D FARABEE, JIM	<input type="checkbox"/> Delete
STREET ADDRESS	9794 116TH PLACE	
CITY-ST-ZIP	LIVE OAK FL 32060	

TITLE NAME	D LAKE, BOBBIE M., JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	375 WESTMORELAND ST.	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01 904-963-4343

Date

Daytime Phone #

CR2E037 (10/00)