

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000004314

1. Entity Name
**REDEEMER PRESBYTERIAN CHURCH IN AMERICA OF
SOUTH BRANDON, INC.**



Principal Place of Business
**811-B CYPRESS VILLAGE BOULEVARD
RUSKIN, FL 33573**

Mailing Address
**811-B CYPRESS VILLAGE BOULEVARD
RUSKIN, FL 33573**



01212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3524523	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OWENS, JEAN
811-B CYPRESS VILLAGE BOULEVARD
RUSKIN, FL 33573**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWENS, JEAN 13003 WATERFORD RUN DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEHMAN, GREG 4616 EAST BLOOMINGDALE AVENUE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FORE, ANDY 5821 PEACH HEATHER TRAIL VALRICO, FL 33594
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/08-80014-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-08

Date

813-633-3396

Daytime Phone #