

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007269

FILED  
Jul 11, 2005  
Secretary of State

**Entity Name:** FOUNDATION REVIVAL CENTER CHURCH OF REDEMPTION, INC.

**Current Principal Place of Business:**

112 NORTH 29TH STREET  
FT. PIERCE, FL 34954

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5525  
FORT PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CARROLL, MARY A  
489 S W EASTPORT CIRCLE  
PT ST LUCIE, FL 34953 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARROLL, MARY A  
Address: 489 SW EASTPORT CIRCLE  
City-St-Zip: PROT ST LUCIE, FL 34953

Title: D ( ) Delete  
Name: MILLS, WANDA R  
Address: 112 MONTEREY OAK DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: CARROLL, TARSHA  
Address: 3155 SAN SALVADORE AVE  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY CARROLL

P

07/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date