

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90409 011 *****61.25

DOCUMENT # N99000000093

1. Entity Name
THE REDEMPTION CENTER, INC.



Principal Place of Business
2432 MAUDLEE AVE E
BRADENTON, FL 34208

Mailing Address
2432 MAUDLEE AVE E
BRADENTON, FL 34208

2. Principal Place of Business - No P.O. Box #
2432 MANATEE AVE E
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 21425
Suite, Apt. #, etc.



04232008 Chg-NP CR2E037 (12/06)

City & State
BRADENTON, FL
Zip
34208

City & State
BRADENTON, FL
Zip
34204

4. FEI Number
65-0887956
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NAGLE, JAMES F
3621 71ST TERRACE EAST
SARASOTA, FL 34243

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	NAGLE, JAMES F	
STREET ADDRESS	3621 71ST TERRACE EAST	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	NAGLE, JANICE E	
STREET ADDRESS	3621 71ST TERRACE EAST	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, DAVID R	
STREET ADDRESS	2597 OAK GROVE RD	
CITY-ST-ZIP	WESTVILLE, FL 32464	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *James F. Nagle* **James F. Nagle** **4-23-08** **941-586-6294**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #