

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY 16 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 711174 (3)

1. Corporation Name

REDEEMER LUTHERAN CHURCH OF FORT LAUDERDALE, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3500 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1113  
Mailing Address: 3500 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311-1113

3. Date Incorporated or Qualified	3a. Date of Last Report
07/12/1966	04/22/1994
4. FEI Number	Applied For
05-0089103	Not Applicable
5. Certificate of Status Desired	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LECATES, WILLIAM  
412 SE 12TH STREET  
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MELBLOM, MARNIE
STREET ADDRESS	3060 S. OAKLAND FOREST DR.#1104
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	VD
NAME	KAHLER, MURIEL
STREET ADDRESS	3470 NW 32 STREET
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	D
NAME	SEYFERT, DOROTHY
STREET ADDRESS	487 N OCEAN BLVD. #3
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D
NAME	SEYFERT, DEBORAH
STREET ADDRESS	487 N OCEAN BLVD. #1
CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	D
NAME	SEGRE, MARIE
STREET ADDRESS	2780 S OAKLAND FOREST DR #1305
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAHLER, MURIEL	
1.3 STREET ADDRESS	3470 NW 32 ST.	
1.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TYCIE CAUSWELL	
2.3 STREET ADDRESS	2731 NW 38 TERR.	
2.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN SEYFERT, JR	
5.3 STREET ADDRESS	487 N OCEAN BLVD #3	
5.4 CITY-ST-ZIP	DEERFIELD BCH, FL 33404	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dorothy E. Seyfert Dorothy E. Seyfert TREAS. 5/12/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
305-731-6805