

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 711174 (3)

1. Corporation Name

REDEEMER LUTHERAN CHURCH OF FORT LAUDERDALE, FLORIDA, INC.



Principal Place of Business

Mailing Address

3500 W. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33311-1113

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FT. LAUDERDALE FL 33311-1113

3. Date Incorporated or Qualified

07/12/1966

3a. Date of Last Report

05/16/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

05-0089103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KAHLER, MURIEL	
STREET ADDRESS	3470 NW 32ND ST	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CAUSEWELL, TYCIE	
STREET ADDRESS	2731 NW 38TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEYFERT, DOROTHY	
STREET ADDRESS	487 N OCEAN BLVD. #3	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEYFERT, DEBORAH	
STREET ADDRESS	487 N OCEAN BLVD. #1	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEYFERT, JOHN JR	
STREET ADDRESS	487 N OCEAN BLVD 3	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN SEYFERT	
1.3 STREET ADDRESS	487 North Ocean Blvd. Apt. 3	
1.4 CITY-ST-ZIP	Deerfield Beach, Fl. 33441	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAVERNE DALE	
2.3 STREET ADDRESS	3990 N.W. 34th Avenue	
2.4 CITY-ST-ZIP	Lauderdale Lakes, Fl. 33309	
3.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREVOR DALE	
3.3 STREET ADDRESS	3990 N.W. 34th Avenue	
3.4 CITY-ST-ZIP	Lauderdale Lakes, Fl. 33309	
4.1 TITLE	F/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DOROTHY SEYFERT	
4.3 STREET ADDRESS	487 North Ocean Blvd. Apt 3	
4.4 CITY-ST-ZIP	Deerfield Beach, Fl. 33441	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KHEDEYNE LEWIS	
5.3 STREET ADDRESS	1475 N.W. 60th Avenue, Unit 2	
5.4 CITY-ST-ZIP	Sunrise, Fl. 33313	
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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trevor Dale - Treasurer

5-9-96

Date

731-6805

Daytime Phone #

CR2E037 (12/95)