


FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 711174 (3)

1. Corporation Name
REDEEMER LUTHERAN CHURCH OF FORT LAUDERDALE, FLO RIDA, INC.



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

3. Date Incorporated or Qualified 07/12/1966	3a. Date of Last Report 05/14/1996
4. FEI Number 05-0089103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEYFERT, JOHN	
STREET ADDRESS	487 N OCEAN BLVD APT 3	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAVERNE, DALE	
STREET ADDRESS	3990 NE 34TH AVENUE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DALE, TREVOR	
STREET ADDRESS	3990 NE 34TH AVENUE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	FS	<input checked="" type="checkbox"/> DELETE
NAME	SEYFERT, DOROTHY	
STREET ADDRESS	487 N.OCEAN BLVD APT 3	
CITY-ST-ZIP	DEERFIELD BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, KHEDEYNE	
STREET ADDRESS	1475 NW 60TH AVENUE UNIT 2	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LaVerne Dale	
1.3 STREET ADDRESS	3990 N.W. 34th Avenue	
1.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33309	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THELMA LEWIS	
2.3 STREET ADDRESS	1475 N.W. 60th Avenue, Unit 2	
2.4 CITY-ST-ZIP	Sunrise, FL 33313	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	F/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WIL BLAKE	
4.3 STREET ADDRESS	602 N.W. 13th Street Apt.18	
4.4 CITY-ST-ZIP	Boca Raton, FL 33486	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ELEEN BROWN	
5.3 STREET ADDRESS	2721 N.W. 38th Terrace	
5.4 CITY-ST-ZIP	Lauderdale Lakes, FL 33349	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Handwritten Signature]* 4-25-97 96-731-6805

CR2E037 (9/96)