


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 30 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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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3. Date Incorporated or Qualified 07/12/1966	
4. FEI Number 05-0089103	Applied For <input checked="" type="checkbox"/> 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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE VD	<input type="checkbox"/> DELETE
NAME LEWIS, THELMA	
STREET ADDRESS 1475 NW 60TH AVE, UNIT 2	
CITY-ST-ZIP SUNRISE FL	
TITLE PD	<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 BLAKE, WIL	
STREET ADDRESS 602 NW 13TH ST, APT 18	
CITY-ST-ZIP BOCA RATON FL	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME BROWN, ELEAN	
STREET ADDRESS 2721 NW 38TH TERR	
CITY-ST-ZIP LAUDERDALE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD LEWIS, THELMA
1.3 STREET ADDRESS	1475 N.W. 60TH AVE, UNIT 2
1.4 CITY-ST-ZIP	SUNRISE, FL 33313
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD DALE, TREVOR
2.3 STREET ADDRESS	3990 N.W. 34TH AVE,
2.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SP RITURE, JANICE
3.3 STREET ADDRESS	3500 N.W. 132 STREET
3.4 CITY-ST-ZIP	LAUDERDALE, LAKES, FL 33309
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TD HENRY, MADGE
4.3 STREET ADDRESS	3461 N.W. 26TH ST,
4.4 CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: MADGE HENRY 15 Sept '98 (954) 781-6805

CR2E037 (5/98)