

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90172 046 \*\*\*\*61.25

0000302

**DOCUMENT # 711174**

1. Entity Name

**REDEEMER LUTHERAN CHURCH OF FORT LAUDERDALE, FLO  
 RIDA, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-0089103**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                       |                                 |
|----------------|---------------------------------------|---------------------------------|
| TITLE          | PD                                    | <input type="checkbox"/> Delete |
| NAME           | LEWIS, THELMA                         |                                 |
| STREET ADDRESS | 1475 NW 60TH AVE, UNIT 2              |                                 |
| CITY-ST-ZIP    | SUNRISE FL 33313                      |                                 |
| TITLE          | VD                                    | <input type="checkbox"/> Delete |
| NAME           | HUGO, JOSEPH                          |                                 |
| STREET ADDRESS | 7512 NW 3RD CT                        |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33317                   |                                 |
| TITLE          | TD                                    | <input type="checkbox"/> Delete |
| NAME           | HENRY, MADGE                          |                                 |
| STREET ADDRESS | 3461 N.W. 26TH ST                     |                                 |
| CITY-ST-ZIP    | LAUDERDALE LAKES FL 33311             |                                 |
| TITLE          | FS                                    | <input type="checkbox"/> Delete |
| NAME           | SEGRE, TONY                           |                                 |
| STREET ADDRESS | 2780 S OAKLAND FOREST DRIVE UNIT 1305 |                                 |
| CITY-ST-ZIP    | OAKALND PARK FL 33309                 |                                 |
| TITLE          | S                                     | <input type="checkbox"/> Delete |
| NAME           | MATTHEW, JOSEPH                       |                                 |
| STREET ADDRESS | 7512 NW 3RD CT                        |                                 |
| CITY-ST-ZIP    | PLANTATION FL 33317                   |                                 |
| TITLE          |                                       | <input type="checkbox"/> Delete |
| 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 |
| 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 |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 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: *Thelma Lewis* **SIGNATURE REQUIRED**

8-8-02 (954) 731-6805

CR2E037 (4/02)