

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 28 PM 7:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 724687 (9)**  
1. Corporation Name  
**THE LUTHERAN CHURCH OF THE REDEEMER INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**900 27TH AVE VERO BCH FL 32960**

3. Date Incorporated or Qualified **10/31/1972** 3a. Date of Last Report **03/22/1994**

4. FEI Number **23-7161038** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip 28 Zip

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

24 Country 25 Country 29 Country 30 Country

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

**CAMPBELL, VICK  
7570 58TH CT  
VERO BEACH FL 32967**

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CMP</b>
NAME	<b>CAMPBELL, VICK</b>
STREET ADDRESS	<b>7570 58TH CT</b>
CITY - ST - ZIP	<b>VERO BCH FL</b>
TITLE	<b>VD</b>
NAME	<b>GALE, GEORGE</b>
STREET ADDRESS	<b>116 23RD AVE</b>
CITY - ST - ZIP	<b>VERO BCH FL</b>
TITLE	<b>TD</b>
NAME	<b>SAUBERT, PHILIP A</b>
STREET ADDRESS	<b>900 27TH AVENUE</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>HINLUCKY, GEORGE</b>
STREET ADDRESS	<b>8775 - 20TH ST., #287</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>HAMPTON, TONY</b>
STREET ADDRESS	<b>1455 38TH AVE.</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>
TITLE	<b>SD</b>
NAME	<b>MCGINSON, HELENE</b>
STREET ADDRESS	<b>3920 7TH ST</b>
CITY - ST - ZIP	<b>VERO BEACH FL</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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)(b), 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: **GEORGE GALE**

*George Gale*

4-22-95

407-770-1601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #