

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 # 724687 (9)

1. Corporation Name

THE LUTHERAN CHURCH OF THE REDEEMER INC.



Principal Place of Business

Mailing Address

900 27TH AVE
VERO BCH FL 32960

900 27TH AVE
VERO BCH FL 32960

3. Date Incorporated or Qualified
10/31/1972

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
23-7161038

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$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

CAMPBELL, VICK
7570 58TH CT
VERO BEACH FL 32967

81 Name
JIM WADE
82 Street Address (P.O. Box Number is Not Acceptable)
1100 PONCE DELEON
N 106
83 City
VERO BEACH FL 85 Zip Code
32960

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

James Wade - President

3/16/96

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	CMP	1.1 TITLE	P
NAME	CAMPBELL, VICK	1.2 NAME	JIM WADE
STREET ADDRESS	7570 58TH CT	1.3 STREET ADDRESS	1100 PONCE DELEON N106
CITY-ST-ZIP	VERO BCH FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	VD	2.1 TITLE	V
NAME	GALE, GEORGE	2.2 NAME	GEORGE ARNDT
STREET ADDRESS	116 23RD AVE	2.3 STREET ADDRESS	25 PINE ARBOR LANE # 202
CITY-ST-ZIP	VERO BCH FL	2.4 CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	TD	3.1 TITLE	T
NAME	SAUBERT, PHILIP A	3.2 NAME	AL DEYTER
STREET ADDRESS	900 27TH AVENUE	3.3 STREET ADDRESS	6902 DONLON RD
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	FT PIERCE, FL 34951
TITLE	D	4.1 TITLE	D
NAME	HINLICKY, GEORGE	4.2 NAME	MARION DE TOTA
STREET ADDRESS	8775 - 20TH ST., #267	4.3 STREET ADDRESS	915 25 AVE
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	SD	5.1 TITLE	S
NAME	HAMPTON, TONY	5.2 NAME	DORIS ABELING
STREET ADDRESS	1455 38TH AVE.	5.3 STREET ADDRESS	6539 TERESITA COURT
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	FT PIERCE, FL 34951
TITLE	SD	6.1 TITLE	D
NAME	HIGINSON, HELENE	6.2 NAME	RAYMOND C. NUDDLE
STREET ADDRESS	3920 7TH ST	6.3 STREET ADDRESS	185 12 AVE
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	VERO BEACH FL 32962

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)(4), 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:

Al Deyter, Treasurer

3/16/96

(407) 464-0722

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (12/95)