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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 900 27TH AVE  
VERO BCH FL 32960 VERO BCH FL 32960-4011

3. Date Incorporated or Qualified 10/31/1972  
3a. Date of Last Report 03/20/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 23-7161038  
Applied For Not Applicable

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 Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WADE, JIM  
1100 PONCE DE LEON  
N106  
VERO EBACH FL 32960

81 Name AL DEYTER  
82 Street Address (P.O. Box Number Is Not Acceptable) 6902 DONKON ROAD - 423  
83  
84 City FT. PIERCE FL 85 Zip Code 34951

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] DATE 4/24/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CMP	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, VICK	
STREET ADDRESS	7570 58TH CT	
CITY-ST-ZIP	VERO BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GALE, GEORGE	
STREET ADDRESS	116 23RD AVE	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SAUBERT, PHILIP A	
STREET ADDRESS	900 27TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HINLICKY, GEORGE	
STREET ADDRESS	8775 - 20TH ST., #267	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAMPTON, TONY	
STREET ADDRESS	1455 38TH AVE.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HIGINSON, HELENE	
STREET ADDRESS	3920 7TH ST	
CITY-ST-ZIP	VERO BEACH FL	

1.1 TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AL DEYTER	
1.3 STREET ADDRESS	6902 DONKON ROAD	
1.4 CITY-ST-ZIP	FT. PIERCE FL 34951	
2.1 TITLE	VICE PRESIDENT (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEORGE HANDE	
2.3 STREET ADDRESS	25 PINE ARBOR LANE # 202	
2.4 CITY-ST-ZIP	VERO BEACH FL 32906	
3.1 TITLE	TREASURER (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALVIN OWEN	
3.3 STREET ADDRESS	3920 7TH STREET	
3.4 CITY-ST-ZIP	VERO BEACH FL 34968	
4.1 TITLE	FINANCIAL SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	(NONE AT PRESENT)	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SECRETARY (S)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DORIS ABELING	
5.3 STREET ADDRESS	6539 TERESA CT.	
5.4 CITY-ST-ZIP	FT. PIERCE FL 34951	
6.1 TITLE	PROSOR (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RAYMOND C. HIDDLE	
6.3 STREET ADDRESS	195 17TH AVENUE	
6.4 CITY-ST-ZIP	VERO BEACH FL 34962	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: [Signature] DATE 4/14/97 (601) 778-8281

CR2E037 (9/96)