

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0031030

DOCUMENT # 724687

1. Entity Name
THE LUTHERAN CHURCH OF THE REDEEMER INC.

03-29-2001 90397 023 ****61.25

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

DUUZZCZZI



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
23-7161038 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
VALENTINE, PETER
6508 YEDRA AVE
FT. PIERCE FL 34951
YALE, SUSAN M.
6202 S. RIVER RUN DR.
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent
 Name **YALE, SUSAN M.**
 Street Address (P.O. Box Number is Not Acceptable) **6202 S. RIVER RUN DR.**
 City **SEBASTIAN** **FL** Zip Code **32958**

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.
 SIGNATURE *Susan M. Yale* **TREASURER** *4/6/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 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

TITLE NAME	T VALENTINE, PETER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6508 YEDRA	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE NAME	PD WADE, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1100 PONCE DELEON	
CITY-ST-ZIP	VERO BCH. FL 32960	
TITLE NAME	VPD NEUBAUER, JOAN	<input type="checkbox"/> Delete
STREET ADDRESS	7300 20TH ST, #614	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE NAME	VP FREDERICKS, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	927 HEMLOCK ST	
CITY-ST-ZIP	BAREFOOT BAY FL 32976	
TITLE NAME	S EDWARDS, GINNI	<input type="checkbox"/> Delete
STREET ADDRESS	711 MANATEE COVE	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	T YALE, SUSAN M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6202 S. RIVER RUN DR.	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE NAME	PD WEIGAND, RONALD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6725 GAVIOTA STREET	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE NAME	VP RADER, DONALD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1712 27TH AVENUE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Susan M. Yale* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Treasurer* *4/6/01* *561-589-6108*
Signature Date Daytime Phone #

CR2E037 (10/00)