


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90021 001 \*\*\*\*61.25

**DOCUMENT # 724687**

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



Principal Place of Business  
 900 27TH AVE  
 VERO BCH, FL 32960

Mailing Address  
 900 27TH AVE  
 VERO BCH, FL 32960

94017150



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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02092004 Chg-NP CR2E037 (10/03)

4. FEI Number  
 23-7161038 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 YALE, SUSAN M  
 6202 S RIVER RUN DR  
 SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent  
 Name: **WILLIAM ANDERSEN**  
 Street Address (P.O. Box Number is Not Acceptable): **115 Prestwick Circle**  
 City: **Vero Beach** FL Zip Code: **32967**

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: *William Andersen* **WILLIAM ANDERSEN** DATE: **02/14/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	YALE, SUSAN M	
STREET ADDRESS	6202 S RIVER RUN DR	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BENTLAGE, WILLIAM L	
STREET ADDRESS	109 38TH CT.	
CITY-ST-ZIP	VERO BEACH, FL 32968	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANZINI, ALBERT	
STREET ADDRESS	19 FLORES DEL NORTE	
CITY-ST-ZIP	FT. PIERCE, FL 34951	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CHRISTA	
STREET ADDRESS	166 22ND AVE.	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	SD	<input type="checkbox"/> Delete
NAME	NEUBAUER, JOAN	
STREET ADDRESS	7300 20TH ST SUITE 614	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM ANDERSEN</b>	
STREET ADDRESS	<b>115 Prestwick Circle</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32967-7515</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rachael Splendoria</b>	
STREET ADDRESS	<b>102 River Oak Dr.</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>	
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: *William Andersen* **WILLIAM ANDERSEN** DATE: **02/14/04** 772 567 8193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #