


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90075 016 ****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**

50015235



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

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

01292005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7161038

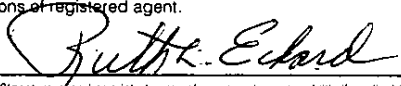
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ANDERSEN, WILLIAM
 115 PRESTWICK CIRCLE
 VERO BEACH, FL 32967**

7. Name and Address of New Registered Agent
 Name **RUTH ECKARD**
 Street Address (P.O. Box Number is Not Acceptable)
2589 SW BARBER LN
 City **PORT ST LUCIE** FL Zip Code **34984**

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  DATE **2-9-05**

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	ANDERSEN, WILLIAM	115 PRESTWICK CIRCLE	VERO BEACH, FL 329677515	<input checked="" type="checkbox"/>
PD	BENTLAGE, WILLIAM L	109 38TH CT.	VERO BEACH, FL 32968	<input type="checkbox"/>
VPD	ANZINI, ALBERT	19 FLORES DEL NORTE	FT. PIERCE, FL 34951	<input type="checkbox"/>
S	SPLENDORIA, RACHAEL	102 RIVER OAK DR	VERO BEACH, FL 32963	<input type="checkbox"/>
SD	NEUBAUER, JOAN	7300 20TH ST SUITE 614	VERO BEACH, FL 32966	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TREASURER/DIRECTOR	RUTH ECKARD	2589 SW BARBER LN	PORT ST LUCIE, FL 34984	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  (RUTH L. ECKARD) DATE **2-9-05** Daytime Phone # **772-879-2526**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR