2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 724687

Apr 10, 2003 Secretary of State

Entity Name: THE LUTHERAN CHURCH OF THE REDEEMER INC.

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

Current Mailing Address: New Mailing Address:

900 27TH AVE VERO BCH, FL 32960

FEI Number: 23-7161038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

YALE, SUSAN M 6202 S RIVER RUN DR SEBASTIAN, FL 32958 US

OFFICERS AND DIRECTORS:

FORT PIERCE, FL 34951

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:

City-St-Zip:

Date

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VERO BEACH, FL 32968 US

() Delete (X) Change () Addition

YALE, SUSAN M YALE, SUSAN M Name: Name: 6202 S RIVER RUN DR Address: 6202 S RIVER RUN DR Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: SEBASTIAN, FL 32958 US

Title: PD () Delete Title: (X) Change () Addition WEIGAND, RONALD Name: BENTLAGE, WILLIAM L Name:

Address: 6725 GAYIOTA STREET Address: 109 38TH CT.

Title: VPD () Delete Title: VPD (X) Change () Addition

WADE, JAMES ANZINI, ALBERT Name: Name: Address: 2067 E LAKEVIEW DR Address: 19 FLORES DEL NORTE City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: FT. PIERCE, FL 34951 US

Title: () Delete Title: (X) Change () Addition

Name: EDWARDS, GINNI Name: WILLIAMS, CHRISTA 711 MANATEE COVE Address: Address: 166 22ND AVE. City-St-Zip: VERO BCH, FL 32963 City-St-Zip: VERO BEACH, FL 32962 US

Title: () Delete Title: () Change () Addition

NEUBAUER, JOAN Name: Name: 7300 20TH ST SUITE 614 Address: Address: City-St-Zip: VERO BEACH, FL 32966 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M. YALE TD 04/10/2003