

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28426** (7)

1. Corporation Name

REDEEMER LUTHERAN CHURCH OF WARRINGTON, FLORIDA, INC.



Principal Place of Business

**333 COMMERCE STREET
WARRINGTON FL 32507**

Mailing Address

**333 COMMERCE STREET
WARRINGTON FL 32507**

3. Date Incorporated or Qualified
09/20/1988

3a. Date of Last Report
02/15/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-0838097

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



9. Name and Address of Current Registered Agent

**YOUNG, ROBERT
333 COMMERCE STREET
WARRINGTON FL 32507**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **DV** DELETE
NAME: **LESTER, POPPE**
STREET ADDRESS: **1704 DONEGAL DR**
CITY-ST-ZIP: **CANTONMENT FL**

TITLE: **DT** DELETE
NAME: **STROHL, CARMAN D.**
STREET ADDRESS: **6087 HILBURN RD.**
CITY-ST-ZIP: **PENSACOLA FL**

TITLE: **DFS** DELETE
NAME: **SUMMERS, DONALD**
STREET ADDRESS: **651 SEA PINES CIRCLE**
CITY-ST-ZIP: **PENSACOLA FL**

TITLE: **DP** DELETE
NAME: **SMOTHERS, STEVEN E**
STREET ADDRESS: **535 LIFAIR PLACE**
CITY-ST-ZIP: **PENSACOLA FL**

TITLE: **D** DELETE
NAME: **SMITH, NEAL**
STREET ADDRESS: **5754 VENTURA LANE**
CITY-ST-ZIP: **PENSACOLA FL**

TITLE: **DS** DELETE
NAME: **DOUGLAS, PATRICIA**
STREET ADDRESS: **40 STAR LAKE DRIVE**
CITY-ST-ZIP: **WARRINGTON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME: **POPPE, LESTER**
13 STREET ADDRESS:
14 CITY-ST-ZIP:

21 TITLE: Change Addition
22 NAME:
23 STREET ADDRESS:
24 CITY-ST-ZIP:

31 TITLE: Change Addition
32 NAME:
33 STREET ADDRESS:
34 CITY-ST-ZIP:

41 TITLE: Change Addition
42 NAME:
43 STREET ADDRESS:
44 CITY-ST-ZIP:

51 TITLE: Change Addition
52 NAME:
53 STREET ADDRESS:
54 CITY-ST-ZIP:

61 TITLE: Change Addition
62 NAME:
63 STREET ADDRESS:
64 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John E. Saufers President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96
DATE

904 456-1785
OFFICE PHONE #

CR2E087 (12/95)