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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

333 COMMERCE STREET
WARRINGTON FL 32507

333 COMMERCE STREET
WARRINGTON FL 32507-9422

3. Date Incorporated or Qualified
09/20/1988

3a. Date of Last Report
02/02/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-0838097

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

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

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, ROBERT
333 COMMERCE STREET
WARRINGTON FL 32507

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	POPPE, LESTER	
STREET ADDRESS	1704 DONEGAL DR	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	STROHL, CARMAN D.	
STREET ADDRESS	6087 HILBURN RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DFS	<input checked="" type="checkbox"/> DELETE
NAME	SUMMERS, DONALD	
STREET ADDRESS	651 SEA PINES CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SMOTHERS, STEVEN E	
STREET ADDRESS	535 LIFAIR PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, NEAL	
STREET ADDRESS	5754 VENTURA LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, PATRICIA	
STREET ADDRESS	40 STAR LAKE DRIVE	
CITY-ST-ZIP	WARRINGTON FL	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, NEAL	
1.3 STREET ADDRESS	5754 VENTURA LANE	
1.4 CITY-ST-ZIP	PENSACOLA, FL 32526	
2.1 TITLE	FS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STROHL, CARMAN D.	
2.3 STREET ADDRESS	6087 HILBURN RD.	
2.4 CITY-ST-ZIP	PENSACOLA, FL 32504	
3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WILKEY, EDWARD	
3.3 STREET ADDRESS	9008 CARIBBEAN DR.	
3.4 CITY-ST-ZIP	PENSACOLA, FL 32506	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FORCHILLI, ROBERT	
4.3 STREET ADDRESS	4960 CATALINA CIR.	
4.4 CITY-ST-ZIP	PENSACOLA, FL 32506	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HUEBSCHMAN, MEL	
5.3 STREET ADDRESS	671 HALCYON CIR.	
5.4 CITY-ST-ZIP	PENSACOLA, FL 32506	
6.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVIS, DEBRA	
6.3 STREET ADDRESS	10-4 NORTH AVE.	
6.4 CITY-ST-ZIP	NAS PENSACOLA, FL 32508	

14. I do 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 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: *Neal Smith* NEAL SMITH 2-10-97 904-478-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072962

CR2E037 (9/96)