

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

95 MAY -1 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **702213 (0)**  
1. Corporation Name  
**REDEEMER LUTHERAN CHURCH AND SCHOOL, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**2450 SE OCEAN BLVD STUART FL 34996** **2450 SE OCEAN BLVD STUART FL 34996**

3. Date Incorporated or Qualified **03/30/1961** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **59-1273436** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent  
**SUNDERLIN, WALTER J.  
2954 SE FAIRWAY WEST  
STUART FL 34997**

10. Name and Address of New Registered Agent  
81. Name **Brain, Sid**  
82. Street Address (P.O. Box Number is Not Acceptable) **2082 Racquet Club Dr.**  
83.   
84. City **Palm City, FL 34990 FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: **Sid Brain, Director** *Sidney G. Brain* **5/11/95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SUNDERLIN, WALTER J.</b>
STREET ADDRESS	<b>2954 SE FAIRWAY WEST</b>
CITY-ST-ZIP	<b>STUART FL 34997</b>
TITLE	<b>S</b>
NAME	<b>HELMANN, LESLIE</b>
STREET ADDRESS	<b>600 WILLET AVE</b>
CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<b>D</b>
NAME	<b>MANDEHR, NORMAN</b>
STREET ADDRESS	<b>6524 WINDSON LANE BOX 3, DOOR 10</b>
CITY-ST-ZIP	<b>STUART FL 34997</b>
TITLE	<b>T</b>
NAME	<b>BOETTGER, MARLYN</b>
STREET ADDRESS	<b>2555 MORNINGSIDE BLVD.</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>
TITLE	<b>D</b>
NAME	<b>BRAIN, SID</b>
STREET ADDRESS	<b>2082 RACQUET CLUB DR.</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Assistant Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Oldehoff, Gary</b>
1.3 STREET ADDRESS	<b>3061 SE Falmouth Dr.</b>
1.4 CITY-ST-ZIP	<b>Stuart, FL 34997</b>
2.1 TITLE	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Addition
2.2 NAME	<b>DELETE</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>Assistant Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Birney, John</b>
3.3 STREET ADDRESS	<b>7361 SW 42 St.</b>
3.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>
4.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Bewersdorf, Marvin</b>
4.3 STREET ADDRESS	<b>4111 SE Egret Pond Tr.</b>
4.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>
5.1 TITLE	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Rose Marie Yeager</b>
5.3 STREET ADDRESS	<b>9927 Ventura Dr.</b>
5.4 CITY-ST-ZIP	<b>Palm City, FL 34990</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*8/16/29* **REMITTED BY [Signature]**

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: *Marvin Bewersdorf, Treas.* **4-24-95** **407-286-0911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**MARVIN BEWERSDORF**