

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business
2450 SE OCEAN BLVD
STUART FL 34996

Mailing Address
2450 SE OCEAN BLVD
STUART FL 34996

3. Date Incorporated or Qualified 03/30/1961	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1273436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

BRAIN, SID
2082 RACQUET CLUB DR
PALM CITY FL 34990

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 *Sidney A. Brain*

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

(NOTE: Registered Agent signature required when reappointing)

4-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	AD	<input type="checkbox"/> DELETE
NAME	OLDEHOFF, GARY	
STREET ADDRESS	3061 SE FALMOUTH DR	
CITY-ST-ZIP	STUART FL 34997	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	YEAGER, ROSE MARIE	
STREET ADDRESS	9927 VENTURA DR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	AD	<input checked="" type="checkbox"/> DELETE
NAME	BIRNEY, JOHN	
STREET ADDRESS	7361 SW 42 ST	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BEWERSDORF, MARVIN	
STREET ADDRESS	4111 SE EGRET POND TR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAIN, SID	
STREET ADDRESS	2082 RACQUET CLUB DR.	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CICA, TERRI L.
2.3 STREET ADDRESS	9801 S. OCEAN DR. 1341-2
2.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN H. BEWERSDORF

4-1-96

Date

286-0911

Daytime Phone #

CR2E037 (12/95)