

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
May 27 1997 8:00am
Secretary of State**DOCUMENT # 702213 (0)**
1. Corporation Name
REDEEMER LUTHERAN CHURCH AND SCHOOL, INC.

Principal Place of Business

Mailing Address

**2450 SE OCEAN BLVD
STUART FL 34996****2450 SE OCEAN BLVD
STUART FL 34996-3312**3. Date Incorporated or Qualified
03/30/19613a. Date of Last Report
04/05/1996

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

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

Yes

☐

No

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

MORGAL, Louis S.

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

Ocean Side 1

83

8880 S. Ocean Dr. #710

84 City

Jensen Beach**FL**85 Zip Code
34957

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)

5/20/97
DATE

12. OFFICERS AND DIRECTORS

TITLE **AD** ☐ DELETE
NAME **OLDEHOFF, GARY**
STREET ADDRESS **3061 SE FALMOUTH DR**
CITY-ST-ZIP **STUART FL 34997**TITLE **S** ☐ DELETE
NAME **CICA TERRI L**
STREET ADDRESS **9801 S OCEAN DR, #1341-2**
CITY-ST-ZIP **JENSEN BEACH FL**TITLE **T** ☒ DELETE
NAME **BEWERSDORF, MARVIN**
STREET ADDRESS **4111 SE EGRET POND TR**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE **AD** ☐ DELETE
NAME **BRAIN, SID**
STREET ADDRESS **2082 RACQUET CLUB DR.**
CITY-ST-ZIP **PALM CITY FL 34990**TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Treasurer**
3.3 STREET ADDRESS **BOETTGER, Marilyn**
3.4 CITY-ST-ZIP **2555 Morningside Blvd,
Port St. Lucie, FL 34952**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Director**
5.3 STREET ADDRESS **MORGAL, Louis**
5.4 CITY-ST-ZIP **Ocean Side 1, 8880 S. Ocean Dr. #710
Jensen Beach, FL 34957**6.1 TITLE ☐ Change ☐ 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 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: **MARILYN BOETTGER, TREASURER**
Signature, typed or printed name of signing officer or director**4-16-97**
Date**561-286-0911**
Daytime Phone # 0072108

CR2E037 (9/96)