

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90170 011 \*\*\*\*61.25

**DOCUMENT # 702213**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/30/1961

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

9. Name and Address of Current Registered Agent

MORGAL, LOUIS S  
OCEAN SIDE 1  
8880 S OCEAN DR., #710  
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name

Joseph D. Lyons

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

903 Dolphin Dr.

83

84 City

Stuart

FL

85 Zip Code

34996

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

Joseph D. Lyons

4/13/99

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 AD ☒ DELETE  
NAME OLDEHOFF, GARY  
STREET ADDRESS 3061 SE FALMOUTH DR  
CITY-ST-ZIP STUART FL 34997

TITLE S ☐ DELETE  
NAME CARPP, EARL  
STREET ADDRESS 7866 MYRICA LANE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE T ☐ DELETE  
NAME BOETTGER, MARILYN  
STREET ADDRESS 2555 MORNINGSIDE BLVD.  
CITY-ST-ZIP PORT ST. LUCIE FL

TITLE AD ☒ DELETE  
NAME BRAIN, SID  
STREET ADDRESS 2082 RACQUET CLUB DR.  
CITY-ST-ZIP PALM CITY FL

TITLE D ☒ DELETE  
NAME MORGAL, LOUIS  
STREET ADDRESS OCEAN SIDE 1, 8880 S. OCAEN DR., #710  
CITY-ST-ZIP JENSEN BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Executive Dir. ☒ Change ☐ Addition  
1.2 NAME Fowler, William  
1.3 STREET ADDRESS 103 SE Flamingo Ave.  
1.4 CITY-ST-ZIP Stuart, FL 34996

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE Assistant Executive Director ☒ Change ☐ Addition  
4.2 NAME Hamann, Wilfred  
4.3 STREET ADDRESS 733 NW Waterlily Place  
4.4 CITY-ST-ZIP Jensen Beach, FL 34957

5.1 TITLE Executive Director ☒ Change ☐ Addition  
5.2 NAME Lyons, Joseph  
5.3 STREET ADDRESS 903 Dolphin Dr.  
5.4 CITY-ST-ZIP Stuart, FL 34996

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Joseph D. Lyons

4/13/99

Date

Daytime Phone #

CR2E037 (11/98)