
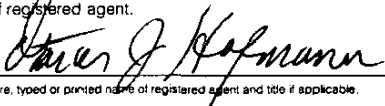
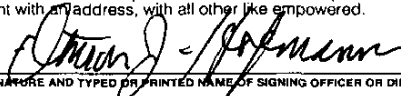


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90094 012 ****70.00

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| | | | | | |
|--|----------------------------|---|---|---|---------------------|
| DOCUMENT # 702213 | | | |  | |
| 1. Entity 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 - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| YEAGER, WILLIAM 5415 SW WILBUR AVE PALM CITY, FL 34990 | | | | Name HOFMANN, OTMAR J. | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 3254 Dockage Way | |
| | | | | City Palm City | |
| | | | | FL | Zip Code 34990 |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE:  | | | | Otmar J. Hofmann, Exec. Dir. 03/07/2008 | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | (NOTE: Registered Agent signature required when reinstating) | |
| DATE | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | ED | <input checked="" type="checkbox"/> Delete | | TITLE | ED |
| NAME | YEAGER, WILLIAM | | | NAME | HOFMANN, OTMAR J. |
| STREET ADDRESS | 5415 SW WILBUR AVE | | | STREET ADDRESS | 3254 Dockage Way |
| CITY-ST-ZIP | PALM CITY, FL 34990 | | | CITY-ST-ZIP | Palm City, FL 34990 |
| TITLE | S | <input type="checkbox"/> Delete | | TITLE | |
| NAME | CARPP, EARL | | | NAME | |
| STREET ADDRESS | 7866 MYRICA LANE | | | STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND, FL 33455 | | | CITY-ST-ZIP | |
| TITLE | T | <input type="checkbox"/> Delete | | TITLE | |
| NAME | BOETTGER, MARILYN | | | NAME | |
| STREET ADDRESS | 2555 SE MORNINGSIDE BLVD | | | STREET ADDRESS | |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34952 | | | CITY-ST-ZIP | |
| TITLE | AED | <input type="checkbox"/> Delete | | TITLE | |
| NAME | GILBERT, RON | | | NAME | |
| STREET ADDRESS | 1560 SE BALLANTRAE CT. | | | STREET ADDRESS | |
| CITY-ST-ZIP | PORT SAINT LUCIE, FL 34952 | | | CITY-ST-ZIP | |
| TITLE | AED | <input type="checkbox"/> Delete | | TITLE | |
| NAME | MANDEHR, NORMAN | | | NAME | |
| STREET ADDRESS | 4045 NW CINNAMON CIRCLE | | | STREET ADDRESS | |
| CITY-ST-ZIP | JENSEN BEACH, FL 34957 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | | Otmar J. Hofmann 03/07/2008 772-220-3670 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |