2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702213

FILED Mar 27, 2009 Secretary of State

Entity Name: REDEEMER LUTHERAN CHURCH AND SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: 2450 SE OCEAN BLVD STUART, FL 34996 **Current Mailing Address: New Mailing Address:** 2450 SE OCEAN BLVD STUART, FL 34996 FEI Number: 59-1273436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOFFMAN, OTMAR J HOFMANN, OTMAR J 3254 DOCKAGE WAY 3254 DOCKAGE WAY PALM CITY, FL 34990 US PALM CITY, FL 34990 US 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. SIGNATURE: OTMAR J. HOFMANN 03/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HOFMANN, OTMAR J Name: Name: 3254 DOCKAGE WAY Address: Address: City-St-Zip: PALM CITY, FL 34990 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: CARPP, EARL Name: MURRAY, SUSIE Address: 7866 MYRICA LANE Address: 858 SE STAFFORD DR. City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: STUART, FL 34996 Title: () Delete Title: () Change () Addition BOETTGER, MARILYN Name: Name: 2555 SE MORNINGSIDE BLVD Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: Title: AED (X) Delete Title: () Change () Addition Name: GILBERT, RON Name: 1560 SE BALLANTRAE CT. Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: Title: AED (X) Delete Title: () Change () Addition MANDEHR, NORMAN Name: Name: 4045 NW CINNAMON CIRCLE Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTMAR J. HOFMANN ED 03/27/2009