

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 705134 (5)

1. Corporation Name

REDEEMER EVANGELICAL LUTHERAN CHURCH OF ST. PETE  
RSBURG, FLORIDA, INC.

Principal Place of Business

4355 CENTRAL AVENUE  
ST. PETERSBURG FL 33713

Mailing Address

4355 CENTRAL AVENUE  
ST. PETERSBURG FL 33713



3. Date Incorporated or Qualified  
01/31/1963

3a. Date of Last Report  
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6018390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

NICKERSON, ALAN  
4320 1ST AVENUE NORTH  
ST. PETERSBURG FL 33713

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 *Alan Nickerson*

(NOTE: Registered Agent signature required when re-registered.)

3/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME PD  
WOLFE, EVELYN  
STREET ADDRESS 7258 MOFFATT LANE NORTH  
CITY- ST- ZIP PINELLAS PARK FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME TD  
NICKERSON, ALAN  
STREET ADDRESS 4320 1ST AVENUE NORT  
CITY- ST- ZIP ST. PETERSBURG FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ~~VD~~  
~~BENOTSON, SELMA~~  
STREET ADDRESS ~~9670 60TH STREET~~  
CITY- ST- ZIP ~~PINELLAS PARK FL~~

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ~~SD~~  
~~MODENA, KAREN~~  
STREET ADDRESS ~~524 CENTURY DRIVE~~  
CITY- ST- ZIP ~~LARGO FL~~

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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, on an attachment with an address.

SIGNATURE: *Alan Nickerson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96

813-327-7027

CR2E037 (12/95)