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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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. PETERSBURG, FLORIDA, INC.

Principal Place of Business

4355 CENTRAL AVENUE
ST. PETERSBURG FL 33713

Mailing Address

4355 CENTRAL AVENUE
ST. PETERSBURG FL 33713-8231



3. Date Incorporated or Qualified

01/31/1963

3a. Date of Last Report

03/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip Country

28

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME WOLFE, EVELYN
STREET ADDRESS 7256 MOFFATT LANE NORTH
CITY-ST-ZIP PINELLAS PARK FL

TITLE TD ☐ DELETE
NAME NICKERSON, ALAN
STREET ADDRESS 4320 1ST AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD ☐ DELETE
NAME MODENA, KAREN
STREET ADDRESS 524 CENTURY DR.
CITY-ST-ZIP LARGO FL

TITLE SD ☒ DELETE
NAME TALLON, JAMES
STREET ADDRESS 6001 1ST AVE., N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME BERTOLUZZI, NORMAN
1.3 STREET ADDRESS 5320 DARTMOUTH AVENUE N
1.4 CITY-ST-ZIP ST. PETERSBURG, FL.

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME WHITE, JENEE
2.3 STREET ADDRESS 939 7TH STREET NORTH
2.4 CITY-ST-ZIP ST. PETERSBURG, FL.

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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(9)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)