FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

(5)

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

Mailing Address Principal Place of Business 4355 CENTRAL AVENUE 4355 CENTRAL AVENUE 3. Date Incorporated or Qualified ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 01/31/1963 4. FEI Number Applied For 59-6018390 Not Applicable 2a. Mailing Address 2. Principal Place of Business \$8.75 Additional 5. Certificate of Status Desired Fee Required 26 21 Sulte, Apt. #, etc. \$5.00 May Be Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees 22 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No 28 23 Country Country This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NICKERSON, ALAN Street Address (P.O. Box Number Is Not Acceptable) 4320 1ST AVENUE NORTH ST. PETERSBURG FL 33713 Zip Code City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change 1 1 T(T) F TITLE BERTOLUZZI, NORMAN 1.2 NAME NAME 5320 DARTMOUTH AVE. N. 1.3 STREET ADORESS STREET ADDRESS ST. PETERSBURG FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE डा TITLE 2.1 TITLE WHITE, JENEE 2.2 NAME Roger Martindill 3834 3rd. Ave. N NAME 939 7TH STREET NORTH 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 2.4 CITY-ST-ZIP St. Petersburg, FL 33713 CITY-ST-ZIP DELETE 3.1 TITLE TITLE MODENA, KAREN 3.2 NAME Warren Nickerson 524 CENTURY DR. 3.3 STREET ADDRESS STREET ADDRESS 550 1st Ave. So #902 LARGO FL 3.4. CITY - ST - ZIP CITY-ST-ZIP ST. Petersburg, F1 33701 Change DELETE 4.1 TITLE TITLE NAME 4. 2 NAME Alan Nickerson 4320 Ist. Ave. N. 4.3 STREET ADDRESS STREET ADORESS 4.4 City-ST-ZIP St. Petersburg, Fl 33713 CITY-ST-ZIP Change ☐ AddItion DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZVP DELETE ☐ Change ■ Addition 6.1 TITLE TITLE 6 2 NAME NAME . **6.3 STREET ADDRESS** STREET ADDRESS

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 of the ecceiver 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 changes, or on an attachment with an address.

6.4 CITY - ST - ZIP

Coleran OUT SIGNATURE

CITY-ST-ZIP

4/27/98

813-327-7027

FILED

May 06 1998 8:00am

Secretary of State