


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # 709479		
1. Entity Name REDEEMER EVANGELICAL LUTHERAN CHURCH OF MERRITT ISLAND, FLORIDA, INC.		
Principal Place of Business 560 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952		Mailing Address 560 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEON, WICHMANN 992 CHASE HAMMOCK RD MERRITT ISLAND, FL 32953		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	JOHNSON, CHARLIE	
STREET ADDRESS	929 OSPREY LANE	
CITY-ST-ZIP	ROCKLEDGE, FL 329556402	
TITLE	SD	
NAME	BAIRD, BOB	
STREET ADDRESS	5100 WILDWOOD AVENUE	
CITY-ST-ZIP	MERRITT ISLAND, FL 329537515	
TITLE	TD	
NAME	VARNUM, BRUCE	
STREET ADDRESS	1904 JACQUES DR	
CITY-ST-ZIP	MELBOURNE, FL 329406803	
TITLE	PD	
NAME	LEON, WICHMANN	
STREET ADDRESS	992 CHASE HAMMOCK RD	
CITY-ST-ZIP	MERRITT ISLAND, FL 32953	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Bruce Varnum, Treasurer</u>		<u>12 March 2005 (321) 255-9260</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



03122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1501549

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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03/14/05-80084-003 61.25

**DO NOT WRITE
IN THIS SPACE**