

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90090 016 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1501549**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEON, WICHMAN  
992 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 32953**

Name  
**David Gray**

Street Address (P.O. Box Number is Not Acceptable)

**861 Yorktowne Drive**

City  
**Rockledge,**

**FL**

Zip Code  
**32955-8165**

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 *David Lee Gray*  
Signature, typed or printed name of registered agent and title (if applicable).

**David Gray, President**

**4-9-06**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
JOHNSON, CHARLIE  
929 OSPREY LANE  
ROCKLEDGE, FL 329556402** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
David Gray  
861 Yorktowne Drive  
Rockledge, FL 32955-8165** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BAIRD, BOB  
5100 WILDWOOD AVENUE  
MERRITT ISLAND, FL 329537515** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
VARNUM, BRUCE  
1904 JACQUES DR  
MELBOURNE, FL 329406803** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
LEON, WICHMANN  
992 CHASE HAMMOCK RD  
MERRITT ISLAND, FL 32953** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Bruce Varnum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8 April 2006 255-9260**  
Date Daytime Phone #