

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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**



04212007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1501549	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRAY, DAVID
861 YORKTOWNE DR
ROCKLEDGE, FL 32955-8165**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	GRAY, DAVID
STREET ADDRESS	861 YORKTOWNE DR
CITY-ST-ZIP	ROCKLEDGE, FL 329558165

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80115-011 61.25

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 R. Varnum, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20APR2007 (820)255-9260

Date

Daytime Phone #